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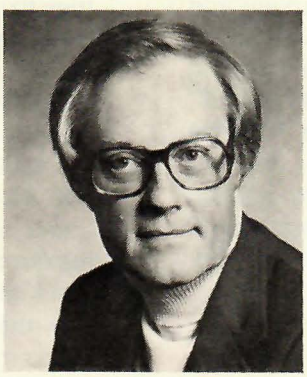
DR. CHARLES M. SORENSON on The Behaviorally Oriented Practice



DR. GOTTLIEB Chuck, I think our readers ought to know your background - that you have a masters degrees in education, a masters in theology, a PhD in Management/Organization Development and post-doctoral training in clinical psychology. That's an impressive amount of education. Have you tied all that together now into one career?

DR. SORENSON I think that I have. I have tried to apply what I have learned to helping people work together; specifically to make the helping professions more helpful and effective with the persons they serve, by helping to improve the way that dentists and staff work together and the way that dentists and staff work with patients; and, indeed, the way that patients work with dentists and staff.

DR. GOTTLIEB A good deal of your work is with dentists?

DR. SORENSON I would say that 95% of my work now is with dentists and dental specialists.

DR. GOTTLIEB How did you get started working with dentists?

DR. SORENSON I have been interested in dentistry for a long time. In fact, I was admitted to the University of Iowa as a pre-dental student. I was drafted in World War II and when I returned, I went into education. But I have been interested in dentistry for a long time. I became involved in my

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present work with dentists because a dentist named Robert F. Barkley, whom many of your readers will recognize I am sure, wanted to find out what he could about dentists who were effective in working with staff and patients. That was the beginning of a research project we have been working at for about eight years.

DR. GOTTLIEB How do you go about it?

DR. SORENSON We started simply meeting dentists that Dr. Barkley and his group pointed out to us in response to our question, "Who are there among you that you would like us to study?" They originally picked twelve. The idea was, if you want to discover what an outstanding or effective health professional is like, start by studying people that other health professionals consider to be outstanding or effective.

DR. GOTTLIEB Could you give us a thumbnail sketch of what you have found?

DR. SORENSON Outstanding dentists that we have profiled have three things going for them. They are very good clinically. They love to work with their hands. They are quite perfectionistic. They like things to turn out well. In that sense, dentistry continues to be a craft or an art. But, beyond technical perfection, these dentists are thinking of their profession as being health oriented, involved with things like nutrition and exercise. In addition to being technically and biologically oriented, they are also behaviorally oriented. They are behaviorally sensitive. They enjoy people. They help people grow. They can get people to take greater responsibility for their own health.

DR. GOTTLIEB How does this affect the way they practice?

DR. SORENSON The traditional clinically astute dental office tends to look backward and say "What went wrong? What has happened that we need to repair?" You could call that a remedial approach. A behaviorally sensitive office tends to look forward. They say, "What do we want to achieve? What would be a preferred future?" and "Let's set some goals and clarify some values and start to move toward a preferred future." That's distinctly different than waiting until something fails and then fixing it or putting it back the way it once was.

DR. GOTTLIEB Are you describing a relationship between the dentist and the patient?

DR. SORENSON Yes, but I am also describing the relationship between the dentist and his staff. Many dentists feel that staff meetings must be remedial, that their purpose is to iron out problems. "What do we need to iron out today? Does anyone have any gripes?" If the staff says, "We're getting along all right", he's tempted to say, "Well, then let's not meet". I don't think we can take a remedial approach with our staff and in our management style and then make a switch and say that we are going to be developmental with our patients. I have not found that to work.

DR. GOTTLIEB Does this approach relate to orthodontists as well as to GPs?

DR. SORENSON It seems to me that there is even greater excitement among orthodontists for a behaviorally sensitive practice. In the first place, orthodontics is largely discretionary. People will live if they don't have it done and adults, particularly, are making choices between orthodontic treatment and vacations, boats, houses, furniture, and cars. So, the orthodontist really be-

comes a helper, helping people to adjust their values and place orthodontics higher on their value list.

DR. GOTTLIEB If you had a mission for an orthodontist as a helper, what would that be?
DR. SORENSON I've thought a lot about that. I believe the mission of an orthodontist is to help his patient claim his or her self esteem.

DR. GOTTLIEB Not claim straight teeth and be happy with his appearance, function and so on, but claim his self esteem?
DR. SORENSON Yes. Helping a person feel better about himself. To be glad to smile, to be able to make friends, to get a better job, to be a better lover, a better parent, a better friend. The mouth is a very basic social part of a person. In these ways the orthodontist is very much involved in helping people claim their self esteem.

DR. GOTTLIEB Is there evidence that orthodontic patients lack self esteem?
DR. SORENSON Not really. Our data from patient interviews is not yet well-defined, but my hunch is just the opposite — that the orthodontic patient values self esteem, values appearance, and, therefore, wants to do something about his or her teeth. The person who doesn't care just is not going to invest in straighter teeth.

DR. GOTTLIEB If orthodontics is a behavioral science, where do we start if we want to become more behaviorally effective and a better helper?
DR. SORENSON We suggest, in fact insist, that we start by studying people. What is a person like that is able to help other people? What kinds of things make an effective helper? Are these characteristics innate? Are they learned? Can they be taught in dental school? Can they be changed?

DR. GOTTLIEB When you say, "We start by studying people", do you mean that *you* do and pass the information on; or does the dentist and orthodontist do that?
DR. SORENSON Well, I think both. Our work is specifically geared to studying people. We interview from 3,000 to 5,000 persons a month, and we've been doing this for 20 years or so. That's 40,000, 50,000, 60,000 people a year. We then help the practitioner learn to use the data we have gathered, in working more effectively with his patients and staff.

DR. GOTTLIEB How do you manage to interview that many people?
DR. SORENSON There are many of us doing it. We have a moderate-sized firm that specializes in interviewing and studying people. We also train many of our clients to interview and perceive talent in persons. These clients also send us data for our research.

DR. GOTTLIEB Why are you continuing to build so large a sample?
DR. SORENSON When you do inductive research, as we do, your data base continues to grow. We will likely continue this for years. In effect, every person interviewed using one of our instruments becomes a part of our data base. The more people we study, the more help we can be to our clients.

DR. GOTTLIEB You are saying that the satisfactions to be gotten out of an orthodontic practice derive from helping people become what they ought to become?
DR. SORENSON That's essentially true. The desire to help other people

and to gain genuine personal satisfaction from it is what we call a sense of mission.

DR. GOTTLIEB Yet, what we so often hear is that people are motivated to go into dentistry more for reasons like being their own boss, making a good living, status in the community.

DR. SORENSON Yes. An altruistic sense of mission is one of the later things we develop. It would not be unusual that a young man or woman would think of dentistry as being a good profession for them personally. Give them a chance to be their own boss. To be a professional person. To make an adequate living. But, as they get into it, if they have the potential to grow beyond being competent in working with their hands, they soon discover that they like to help other people. In other words, their mission emerges, and these are the people that really get a kick out of their work. It's the person who has difficulty moving from being a fixer of things to a developer of people who becomes bored and even angry. He's the one who wants to get out of dentistry.

DR. GOTTLIEB I meet a lot of orthodontists who say they don't enjoy practice any longer. Perhaps they ought to take a look at what you are saying and consider changing their point of view. What you are saying is not going to interfere with their mechanical accomplishments.

DR. SORENSON Not at all. In fact, it will enhance their ability to do what they enjoy. As people say, "Thank you. You've helped me a lot", those persons are missionaries. They refer patients, and the orthodontist has more to do that he enjoys the most. Our research indicates that in virtually all the helping professions, until the person discovers this mission or this joy and satisfaction that can come from helping people, he or she becomes bored and loses some of the joy and personal satisfaction from his or her career. We often ask orthodontists, "What gives you the greatest sense of personal satisfaction?" It is not unusual for them to say something like, "When the child who has been a patient of mine runs up to me in a supermarket and calls me by name, he's saying 'Here's my orthodontist' and I get a kick out of that." When that orthodontist was a teenager or a young person going into orthodontics, he didn't know that was going to happen, but he has discovered that this is really fun and he likes it.

DR. GOTTLIEB On the other hand, an orthodontist in a supermarket may look across there and see a patient of his, but he can't remember the name to save his soul and he avoids the contact. He avoids this nice experience.

DR. SORENSON As a person is more comfortable with who he is, he is also comfortable at extending himself to others; in other words, developing a relationship. And it would be entirely appropriate for this orthodontist to walk right up to that person, extend his hand and say, "I know that we have been working together. Can you help me out with your first name?" and not be embarrassed at all.

Gene, I would like to go back to something we were talking about earlier, because I think it is important. In studying people, most of the behavioral sciences have been oriented around studying sick people. I went back to school full time about ten years ago to learn how to help people more effectively. I found that virtually all of the literature and all of the research in our intitutions of higher learning have to do with the study of sick people — the

institutionalized, the hospitalized, the emotionally ill. I suppose that is easy to understand, because that was the approach of the grandfather of this whole thing, Sigmund Freud. But, we've found that studying sick people doesn't really help dentists or orthodontists or staff members or patients to feel better about themselves and claim their own self esteem, because, these people are not institutionalized or emotionally ill. So, we really had to start from scratch. We could not look to the literature and assume that an effective orthodontist was one who was not schizophrenic, or depressed, or anxious, or obsessive. We really had to start with a folk definition, as we did in 1973, and say to the dental profession, "Are there any persons in your profession whom you believe are effective in working with people?" If they would say back to us, "What do you mean by effective?", we would say, "Well, that's what we're going to find out. How about just taking a folk definition. You define it and point them out. We will study them and see what we come up with." We did study the people they pointed out and, as we had expected, there were definite patterns, definite themes that run in these persons' lives, just as there were themes in people who were emotionally ill, but they were different themes. We did not start with dentists. We started with educators some 25 years ago, and went on to managers and salespersons. We see selling as a helping profession. We have also worked with clergy. You know, we are finding that a good, effective orthodontist is a combination of many of the best of these people.

DR. GOTTLIEB Are the themes for all the effective helping professionals pretty much the same?

DR. SORENSON No, they are not the same; but there is an overlap. That is, an effective teacher is empathetic, and so is an effective orthodontist, and so is an effective staff member in an orthodontic office. So, there is some overlap, but they are not the same. Let me give you an illustration. If you ask a teacher how he feels when someone doubts what he has to say, a teacher says, "Thank God, that's the best news I have had all day. I wish all of my students would disagree with me". We call that ego drive. The teacher does not need to win in his or her point of view in order to feel OK about what he or she is teaching. She wants the students to develop their own point of view. If you ask a dentist or an orthodontist, "How do you feel when someone doubts what you have to say, they will say, "I hurt, emotionally. I get depressed". So, there are some distinct differences between a dentist and a teacher, but there is some overlap.

DR. GOTTLIEB The patient is a part of this relationship too, and I imagine that an empathetic patient would be a superior patient.

DR. SORENSON Absolutely, and the patient knows almost immediately whether the dentist and the staff are empathetic. In fact, when there is anger in the dental office either within the staff or within the dentist or between the dentist and the staff, the patient feels as though he or she is imposing; that he or she is a part of the problem; that maybe he or she shouldn't have come into the office. In this frame of mind, the patient doesn't look forward to coming and ultimately doesn't take responsibility for his or her own health.

DR. GOTTLIEB Patients are very quick to sense the atmosphere in the office.

DR. SORENSON In our study of

patients, we say to the patient, "How well do you think the dentist and the staff get along together?" It is one of our basic interview questions in our Patient Attitude Survey. Some patients say, "I think they get along well. They seem to like each other. They seem to enjoy working together. I like the way they communicate. I like the way the dentist talks to his staff". A few minutes later we ask, "What do you do on a regular basis to maintain your own health?" There is a high correlation between the patients who say, "I think they get along well" and "I do several things to maintain my own health. I floss. I exercise. I've changed my diet. I've given up smoking or coffee with caffeine in it". But, when the patient says, "I don't think they get along very well. There's high turnover. I see new faces every time I come in" and we ask, "What do you do on a regular basis to maintain your own health", the patient says, "They've been after me to floss, to give up sugar, to eat breakfast, I know I should, and one of these days I am going to, but I haven't".

DR. GOTTLIEB What you are saying is that when the dentist and his staff don't have a good relationship, they also do not have a good relationship with the patient, and they aren't encouraging the patient to take his part in this triad of responsibility.

DR. SORENSON Absolutely, and it goes deeper than that. The mission of an orthodontist is to help the patient claim his or her self esteem. That process goes backward when the dentist and the staff do not get along well together. Instead of claiming his own self esteem, the patient loses some of it and feels less for having visited the office. He feels he has become part of the problem and will avoid coming, if at all possible.

DR. GOTTLIEB Of course, there are some patients, especially children, who may be resistant to having orthodontic treatment.

DR. SORENSON Yes, but underlying everything we have talking about are some basic assumptions. One of those assumptions is that people want to feel better about themselves. They do want to claim their self esteem. They would rather be whole emotionally, physically, and spiritually, than compartmentalized or depressed or angry or ill. There may be exceptions, but we just make the assumption that virtually all people, given a choice, would prefer to be whole. Once we make that assumption, we then say, "How do we help people to become whole?" and we are faced with the need to get our own selves together as helpers. We need to gather around us a staff that sees their role as missional, who relate to people, and who are excited about their role as helpers. I'll even go a step more than that. I believe we ought to view staff as a group of professional colleagues working together, who feel that they benefit emotionally and economically from the growth of the practice. Now we are into some hard core management decisions about how we select and compensate people that choose to become professional helpers in a dental office.

DR. GOTTLIEB From the data you have gathered, do you believe there is a difference between general dentists and orthodontists?

DR. SORENSON Yes, I do. Maybe it would be best to review the life themes that we find in dentists in general, and then I will share with you my growing conviction that orthodontists are unique. There are some things about orthodontists, I believe, that make them very unique.

DR. GOTTLIEB Would you define a life theme?

DR. SORENSON A life theme is a trait within an individual that we observe in his or her behavior. We can observe a person who likes to help other people, for example. We don't have to guess at it. We see it in person's behavior. We look upon an understanding of life themes as the key to helping dentists, staff members, and patients become more effective.

DR. GOTTLIEB Would you please describe the life themes that you find in dentists?

DR. SORENSON The first we have already talked about is Mission — the desire to help other people and the ability to get a kick out of it; to look forward to having people say. "It's been nice to having a relationship with you, because you have helped me a lot". If you have a sense of mission, you get a warm feeling that this profession is worthwhile. It is something you want to stay in, because if you ever got out of it, how would you express your sense of mission? Another theme, that is tied right into Mission, is Health. You would expect that persons in the health professions would be concerned about holistic health, and they are. We find that dentists are very much concerned about the many aspects of health and interested in their own health. They are joggers. They are concerned about their diet. They work to improve themselves physically and emotionally, but also spiritually. They say that there must be something even beyond what can be measured scientifically that goes into being healthy in the holistic sense. They are talking about the spiritual dimensions of health. So, we see dentists that we study as being very much health-oriented; being leaders in health, as a matter of fact.

DR. GOTTLIEB Do you distinguish between the terms "holistic health" and "whole person health"?

DR. SORENSON No, I do not. I prefer "holistic", but if that is not well understood, I say "whole person". I am not sure everyone knows what that means either. Many think that it is talking about more than just straightening teeth. That's true, but we're still not holistic until we think body, mind, and spirit.

DR. GOTTLIEB Should the orthodontist be holistic in his practice and become involved in nutrition and other aspects of health?

DR. SORENSON "Should he" is a strong term. I would hope that the orthodontist would be a healthy person in body, mind and spirit, because you can't help someone claim something for themselves if you have not discovered it for yourself first. Whether the dental office should take blood samples and hair samples and prescribe diet, I am really not one to say. I can say that, if a dentist or orthodontist has not experienced a holistic approach to health, he cannot help a patient claim his own self esteem. He can't be effective behaviorally without experiencing personal growth in a holistic way first.

DR. GOTTLIEB Suppose we look at some more themes. You have spoken about Mission and Health.

DR. SORENSON Dentists we have studied have a high sense of Ethics, which means the courage to hold out for what they believe is right. When a patient says, "No thanks. I can't afford it", the person with high ethics says, "But you need it. Let's see if we can work out a way for you to get what you need. If it takes longer, then we will work it out over a period of time. But, I could not live with myself if I did not do

what I believe is right". Ethics is the courage to come on more strongly or appropriately in the face of resistance.

DR. GOTTLIEB Would a person who is truly holistic totally disregard his own financial well-being and that of his enterprise? If you say to me, "I just can't afford orthodontics", would I say to you, "But you need it. Are you sure you can afford nothing?"; and you say, "I can afford nothing", would I say, "In that case, I would feel part of my mission is to help you regardless of whether you can pay me, and I will leave it to you whether you really can or can't or will be able to in the future"? Can anyone operate that way?

DR. SORENSON In an entrepreneurial society, it would be foolhardy to do that to the extent of going belly-up. Then you can't help anyone. To be ethical is to say, "I want to help you if I can and I want you to have what we both agree would be best, to the extent that it is within our power to do that. But, I do not want to bankrupt myself to do that, because there are many other people that I could not serve if my practice went under". However, I think that by giving of ourselves, we also receive and that, in all likelihood, we may well become more profitable as we learn to help people get what they need. That is another of those underlying assumptions we spoke about. In order to benefit self as well as others, there is a certain amount of giving of self involved. All professionals should be prepared to offer their services to some persons in need for little or no financial reward. How much he or she can do this is really up to each professional.

DR. GOTTLIEB Let's get back to the life themes. We now have Mission, Health, and Ethics.

DR. SORENSON Another theme is Ego Drive, which is the desire to be seen as a significant person. We find that it is very difficult to feel good about dentistry or orthodontics without it. But, many professionals we study deny their ego drive and say, "I do not have to be seen as a significant person. I do not feel badly when people doubt what I have to say. I don't have to be tops in what I am doing". Actually, if they were honest, they would like to be seen as a significant person and, in fact, selected dentistry because it was a position of status and importance in the community. One of the things we have been able to help dentists most dramatically with is to help them own their feelings about themselves and to claim their ego drive. When they deny it, they run out of gas about mid-career, and they are not satisfied with their lives.

DR. GOTTLIEB Most orthodontists might be inclined to think they are doing the finest orthodontics around.

DR. SORENSON Yes. That's the essence of what we are discovering. The real payoff does not come from just craftsmanship. That's all right at one stage in life as we are learning to do what we do. We call it the stage of industry versus inferiority. We need to feel we are competent. That happens relatively early, until the mechanics of a profession become fairly routine. Then the reward comes to a dentist from people saying that he has been able to help them. Without that, he becomes bored and, perhaps, even angry.

DR. GOTTLIEB And that applies equally to staff?

DR. SORENSON Oh yes, absolutely. Many staff members talk about their work as being a dead end. What they really mean is that they have learned to pass instruments or bend wires, but,

"Where do I go from here?" Like the dentist who is in the same boat, they become bored.

Well, Self-Actualization is another theme. The people we study like to be their own person and call their own shots. They do not want to work for a large corporation. They do not want to punch a time clock. They do not want to have someone telling them which two weeks in the year they could have off for vacation. They are self-actualized. If they want to change the way in which they practice, they do it. They are quite willing to make dramatic changes in their lives, personally and professionally.

DR. GOTTLIEB Still, some dentists and orthodontists will find their legitimate niche in what Avrom King has called Tier 1 and Tier 2 dentistry.

DR. SORENSON The dentist who goes to work for a large corporate entity probably will find that to be his or her way of self-actualizing. They are still free to choose and that is what they choose to do.

Individualized Perception is another theme. People we study think about individuals and have a way of understanding the uniqueness of staff members that they work with, as well as the uniqueness of patients. If you ask these orthodontists to talk about their patients, they talk about individuals by name. They think not of procedures, programs, numbers, or policies, but of individuals, and they see each person as being unique. Each person actually is unique and, since the dentist is able to perceive that uniqueness, he is able to help them.

Still another theme is Relator, meaning that these people get a kick out of relationships. They work at it. They want to be liked. They extend themselves to others, as in the supermarket scene we spoke about. In a social gathering, where there are some people they know and some they do not know, they like to get around and meet as many people as possible. Not to be slick or sell something, but because they like to meet people, to get to know people and build a relationship with them.

DR. GOTTLIEB If you aren't built that way, is it something that you ought to leave alone and let other themes work for you? Or should you recognize that you are not the most outgoing person in the world and that it would be better for you and for your practice if you were? Can that be worked on? Can one change?

DR. SORENSON It's not a simple answer. I may have to deal with that three different ways and I think I can briefly. We do need to be aware of who we are and, sometimes, it is helpful to say, "I'm not comfortable doing that". Then we might ask, "What are you comfortable doing?" If it is the technical aspects of your work, then build on that. On the other hand, more often we have learned to defend ourselves against relationships and it is not a case of just saying, "Well, I ought to let it be, because that's the way I am". If you dig deep enough, most people would say, "But I would like to be liked. I like relationships. I like friends." Since we are social animals, so to speak, very few people are happy dealing only with things. Often, we are able to help a person get in touch with what is really important to him, and then he can manage relationships and feel more comfortable in social relationships, if he chooses to. But, there is nothing wrong with a person saying, "I do not choose to". However, there's the third

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aspect. If a dentist chooses not to relate to people, then it is almost mandatory that he or she gather around him a staff which is people-oriented. If we do not, we are depriving the patient of that relationship and the patient does not grow. We should not ask the patient to pay the price for our inhibitions in relationships.

Another life theme is Activator. An activator likes to change people's attitudes and behavior. They say, "Oral disease is pandemic and I am called to do something about that. People are apathetic and make poor choices for themselves sometimes, and hurt themselves because of those choices. I am a change agent. I would like to change that". They are always figuring out ways to be more effective as a change agent.

Another life theme is Delegator. A delegator is a person who is effective in getting other people to take responsibility. In our studies, we find that the patients who get healthier take responsibility for their own situation. The effective dentist is effective in helping them to take greater responsibility. We call it Delegator.

DR. GOTTLIEB That's not just delegating tasks to staff, in other words. This is delegating responsibility to patients.

DR. SORENSON Yes, but simply telling a person what you want him to do is often very poor delegation, because it doesn't take into account what the other person is ready to do or wants to do or is capable of doing. It doesn't take into consideration the person's goals or objectives or definition of success. The effective delegator does very little telling but interacts with a person in such a way that the person discovers and takes ownership of what's important to him, using the resources of the dentist or orthodontist.

Conceptualization is another life theme. Conceptualization means the ability to describe in a meaningful way what a person is about. For example, many dentists that we study conceptualize holistics very well. They conceptualize prevention, they are able to communicate what they believe, to help other people to conceptualize what better health would be like and how to get there. It's not telling. Telling is not a good helping skill. Conceptualization goes beyond telling to understanding, to relating, to communicating. Nonverbal language is helpful too. A grunt or a raised eyebrow may help persons conceptualize or understand what is going on in the relationship. When relationships are good, almost any attempt to communicate is successful.

Another life theme is Sophistication. It means being a chooser. The dentists we study make a lot of choices about what is important to them. They choose the way they want to practice dentistry. They choose continuing education. They are rather compulsive about picking out those things they think will take them where they want to go, or that will enhance their ability. There is a reason for them doing what they do. It shows up in their avocations; what they do with their spare time; their hobbies; even their choice of food, music, esthetics, art. They know what they like and don't like.

DR. GOTTLIEB This must relate to their choices of staff and of friends.

DR. SORENSON That's right. Even in their relationships with people. They choose the people that they feel they can relate with best. They even select their patients. That doesn't mean that they reject all the others, but they do pick out the people they think they can

help the most.

Another life theme we call Pre-Crisis. The traditional medical model diagnoses, treats, and cures illness or disease. It is remedial in approach and looks backward. But, the persons that we study don't think that way. They talk more about the future, more about achieving health than eliminating disease, more about what can be done now to be of benefit later. Part of this is the ability to delay gratification. An orthodontic patient may say, "These braces may be rather unattractive, hurt a bit, feel funny when I chew certain foods, but it's worth it". They have a pre-crisis or futuristic view about this. "I'll do something now that will help me later."

Technological is another life theme. These persons enjoy working with their hands; doing a fine job and having others in the profession say of them, "Dr. So-and-so has a good set of hands. If I were having my work done, I would choose him. He is a fine meticulous craftsman". These persons say of themselves, "I can do this better than anyone else. I'm the best in town". There is a bit of Ego Drive involved there, but it is really claiming their ability to do things well and to be perfectionistic. You know, we are taught in our formative years that it is wrong to be perfectionistic. Maybe sick. We read in professional journals that dentists ought to be a little more relaxed. But, our research doesn't indicate that to be true. The people that are pointed out to us by their colleagues as being effective are quite perfectionistic. They are perfectionistic on behalf of their patients and not to bolster their own image of themselves.

DR. GOTTLIEB There is the satisfaction of creativity involved.

DR. SORENSON Yes, but they say that it then turns out well for the people they are trying to work with. It will last longer. It will look better. It is better for the patient; and that attitude is a very healthy thing. On the other hand, a compulsion to be perfect for the sake of being perfect may well become a neurosis, and a liability instead of an asset.

There is one more theme and that is Empathy. This is the ability to put yourself in the place of the person you are trying to serve. Empathetic persons can know what the other person may be thinking, can feel what they may be feeling. They have been there themselves. They have struggled with the same decisions regarding better health, for example. I believe that another thing we have been taught to our detriment is that dentists, orthodontists, physicians, clergymen, and teachers should not be empathetic, that they should maintain a professional distance. That is not what we find our research. We find that the people who are most happy in their field are quite empathetic and can feel what the other person is feeling, but they do not lose their identity in that other person. They become more effective by being perfectionistic.

DR. GOTTLIEB This is different from sympathy, now.

DR. SORENSON Yes. Sympathy is sort of patronizing or almost looking down and saying, "I feel sorry for that person. It's too bad about Mrs. Jones and all the pain she's suffering". Empathy is being able to hurt when the patients hurts and, far from being detrimental to the orthodontist, we see it as essential in order to be effective behaviorally.

DR. GOTTLIEB How does that relate to the concept that one shouldn't encourage people in their complaints?

DR. SORENSON To reinforce psy-

chosomatic illness?

DR. GOTTLIEB Supposing an orthodontic patient says it hurts and gets a lot of attention and warm fuzzies from the orthodontist and the staff and his parents, and he likes that; so now, everything hurts.

DR. SORENSON Part of being empathetic is tuning in on your own feelings. If you say to me, "It hurts", and I can find no physiological reason for the pain, I will say, "I'm sorry that it hurts. It must be real to you. However, it does not seem to be physiologically related". Then I will begin to examine other possibilities. I may even confront the person, if I believe he "needs" to be ill and say, "I sometimes wonder if you need to hurt in order to win our sympathy". If you do that, however, you better be tuned into their feelings as well as your own. A professional helper will rarely be taken advantage of because of his or her empathy. Fear of this sort is largely an "old wives' tale".

DR. GOTTLIEB Well, we have covered the life themes, and now I would like to go back to the question of how it is that you believe orthodontists are unique.

DR. SORENSON I do believe that orthodontists that I have come to know are unique. They don't have a separate set of themes, but the configuration of themes may be slightly different or the strength of these themes may be slightly different in an orthodontist. All dentists and orthodontists have all of these themes, but some are stronger than others. For example, orthodontists have a strong sense of Mission. They literally want to help people claim their self esteem and feel better about themselves. They do not get a real kick out of scraping something or tinkering with it. They want to see you feel better about yourself. Because of that, the Relator theme is often strong in orthodontists. They say, "I really must develop a relationship with people". In addition, they realize that their practice is referred and for that reason they need to develop a strong relationship with people — patients and dentists. As a rule, they are pretty good at relating to people. The Delegator theme is strong in an orthodontist. He really does want to know if you are wearing your headgear; and if not, why not. They don't just lay it on a person and say, "You ought to feel guilty about that". They say, "What can I do to help you do what you need to do? It is your mouth and your teeth, and soon we may not be seeing each other again. I'd like you to own what you are doing. I'd like it to be important to you".

Orthodontists that we study tend to be in a Pre-Crisis orientation, because it takes a long time to do orthodontics and they have to future-focus. There is one more theme that is different with orthodontists and it is a strange one. I thought that we would find a strong Technological theme in the orthodontist, as we do among general dentists who emphasize crown and bridge. But, the orthodontists that I am coming in contact with have a moderate technological theme. They say, "I have learned the technology and I can handle anything new that comes along. Now I get more of a kick out of relationships with people." Many really enjoy children.

DR. GOTTLIEB It is important to relate all this to staff, and I guess that is the second part of the configuration.

DR. SORENSON Yes. We've studied more than 15,000 staff members in the same way. We go into an office and say to the dentist and staff. "Who among you do you believe is the most effective?", and we study that person. There

are life themes in staff members, just as there are in dentists and orthodontists, and I could share those themes with you.

DR. GOTTLIEB Please do.

DR. SORENSON One is Interaction. The staff members who are pointed out to us as being effective like to interact with each other, with the dentist, with the patients. In fact, it's impossible to help someone behaviorally to take greater responsibility for himself without being able to interact with him. Interaction is the opposite of inhibition. Inhibited people are not very effective as helpers.

A second staff theme is Mission and it is a lot like the mission theme we described for the dentist. It's the desire to help other people and the ability to get genuine personal satisfaction from seeing other people grow. The Rapport theme is a little like Relator in the dentist, but rapport is the desire to be liked; figuring out what to do in order to get people to like you because, if you are liked by the person you are trying to help, in all likelihood you are better at helping them. It is very difficult to help someone who doesn't like you.

Gestalt is the only psychological word that we kept. We didn't know what else to call it. It means being a bit of a fussbudget; being neat, well-organized, bothered when things are off-schedule; being somewhat of a perfectionist. There are so many interruptions in a dental office in a day, that a person without gestalt — without the ability to see that at the end of the day we're going to come out somewhere — that person has difficulty in pulling it all together. One of the staff who needs gestalt more than anyone else is the receptionist. She needs to know how to fill up the appintment schedule and arrange for people to come in when she wants them to and keep the schedule flowing.

Self Concept is another staff theme. People who are able to help people in a dental office have a realistic, positive self image. They are aware of their weaknesses, but essentially think well of themselves. It is very difficult to help another person if we do not like ourselves. If we do not like ourselves, we tend to manipulate the other person so that we feel better. That gets in the way of being effective in a dental office.

Activator is similar to the Activator theme in a dentist. It means being a change agent, wanting people to change and working at getting them to change. Empathy, as in a dentist, is being able to put yourself in the place of the patient or other staff members or the dentist, and understand how the other person is thinking and feeling. Organizational Relationships is a new theme, without a similar theme for the dentist. This is the ability to derive genuine personal satisfaction from working within a team, liking to work with these people, liking to be supervised, believing that one learns from the dentist, liking to work in the office because of the opportunities to learn and to grow. We call it Organizational Relationships. It's the opposite of being angry or isolated from the others in the office.

Continuity is a staff theme that means the tendency to think of one's work as a career. The patient needs continuity, so that there isn't a new face every time he comes in; and, in order to help the patient, we need staff members with continuity. The dentist needs to manage staff members so there is continuity and tenure, and so that people do see it as a career and not a dead end job.

DR. GOTTLIEB Does that mean that a

patient would prefer to establish a relationship with one staff member and have continuity in that way?

DR. SORENSON We believe, behaviorally, that they would. We do ask patients, "Do you look forward to seeing anyone in particular when you go to the office?" When they do mention that they look forward to seeing Susan or Mary Ann or the dentist, and we say, "Do you do something on a regular basis to maintain your own health?", they say, "I do and I learned it from Mary Ann. She has been most helpful to me". So, we would say that seeing different people each time you come in gets in the way of the behavioral responsibility we are seeking to engender.

The last staff theme is Performance. The people that work on a staff in a dental office like to turn out the work. They are high performers, who are bored when they are not busy. They want to do quality work and they want to do a lot of it. They get a kick out of saying at the end of the day, "Gee, we accomplished a lot today. It was a good day. We saw a lot of people, but we dealt with them all effectively". They can take a lot of responsibility. They work fast with their hands. This is like the Technology theme in the dentist. These people like to perform with their hands. They like to learn new tasks and the challenge of learning new things. They are not intimidated by change. They say, "If there is a better way to do it, we'd like to do it that way, because it's fun to be a high performer". Well, those are the themes in staff members in an orthodontic office as well as in a general dental office.

DR. GOTTLIEB Are some of these themes stronger in more effective staff people?

DR. SORENSON There are key themes. These are the themes that are so important that, if they are missing, it is a handicap. One of them is Rapport, the desire to be liked. If we do not extend ourselves to other people so that we are liked, we are handicapped. We could well be a machine instead of a person. Gestalt is a key theme — knowing what to do, how to do it, what comes next and being perfectionistic in that regard. Self Concept is a key theme. If we do not like ourselves, we have a hard time helping other people to help themselves. Performance is the other key theme for staff people. They need to enjoy the technical aspects of the job. This is particularly important in an orthodontic office.

DR. GOTTLIEB And, do you use your knowledge of themes to select an effective staff?

DR. SORENSON Yes. However, selection alone is not enough. We've discovered that you can have a very highly talented staff but, if they are not managed well by the orthodontist, these people do not perform well. In fact, the more talent the staff members have, the quicker they leave unless the orthodontist is ready to manage. And so, there is also a profile or a set of themes in a manager. The key theme in a manager is the Developer theme. The manager who is a developer gets a real sense of personal satisfaction from helping other people grow.

DR. GOTTLIEB Do the managerial themes overlap with the themes for the professional side of practice?

DR. SORENSON There is some overlap. Delegator, for example, is one of the themes in a manager. So is Activator and Individualized Perception. But, there are some themes unique to managers and, as we work with dentists to

help them become better managers, we profile them as managers, looking primarily for this Developer theme. Do they really like to see other people develop? Can they select the best talent and turn them on so that they can grow?

DR. GOTTLIEB Most orthodontists have not been trained in management, have not been interested in management, and don't view orthodontics as a managerial profession.

DR. SORENSON Yes, that's right and we think it is unfortunate. There really is going to be little alternative in the years ahead for an orthodontist, other than to become a manager or to hire a manager who will gain genuine satisfaction from managing. Management means many things to many people, and my guess would be, Gene, that some of the orthodontists reading this interview will say, "I don't want to be a manager, because a manager is someone who directs and controls other people, and I wouldn't want to do that". But, that's not what we are talking about. We sort out administration as dealing with things, and management as dealing with people effectively.

DR. GOTTLIEB What we call office management and business management, you put into administration. That would include treatment management for those aspects that are administrative?

DR. SORENSON Scheduling appointments and that sort of thing. Yes. The role of the orthodontist as manager is helping people to develop and grow.

DR. GOTTLIEB Having identified all those staff themes, how can we use the information?

DR. SORENSON One way is in selection. The other is in management.

DR. GOTTLIEB Is the sequence to profile the orthodontist first and match staff selection to him?

DR. SORENSON Quite the contrary. We like to go the other way around. We would like to help the orhodontist to perceive outstanding talent of the kind that has proven to be effective, and then to learn how to manage that kind of talent. It's really not a matching game. It is a matter or recognizing who is outstanding.

DR. GOTTLIEB There is an interesting parallel. Professional football teams will frequently draft the best athlete that is available.

DR. SORENSON Yes, they don't match him to the coach or to the ability of the coach.

DR. GOTTLIEB Or even to the position that he played previously. They find what they think is the best athlete available at the time and they will work with that.

DR. SORENSON Yes. That's the concept that we're working on in the dental office. But, how do you recognize talent? One way would be to hire them and try them for five years, but that can be costly and ineffective. The way that we have found is to develop a structured interview around these themes. That requires considerable expertise, and we have been refining such interviews for years. You need to know what to ask and what to listen for. It is not done haphazardly. It is not a chat or conversation. It is a highly developed instrument and a highly developed interviewing skill.

DR. GOTTLIEB And these would enable the orthodontist to classify an applicant in terms of the staff themes?

DR. SORENSON Absolutely. Not just

more or less, but in a highly predictive manner. We've tried everything else — intelligence tests, multiple choice, true/false. We've worked with some of the major psychometric people in the country and finally abandoned all paper and pencil instruments, because we could not get predictive until we sat down with a person face-to-face and asked him a series of questions. If we want to know if you are empathetic, we ask the question, "Let's say you are watching a five-year-old who's hammering. He hits his thumb and cries and cries. What would you do?" The empathetic person says, "I would pick up the child, kiss the thumb, run cold water on it, put a bandaid on it". That's an empathetic response. A non-empathetic response would be, "Don't pick up the child or you'll make him a sissy. Teach the child to use the hammer". So, you need to learn what to ask and what to listen for.

DR. GOTTLIEB How did you determine that your Perceiver Instruments measure what they are supposed to measure?

DR. SORENSON You are raising the question of validity. First of all, you will recall that Auxiliary Perceiver was developed by studying staff members who are pointed out by others as being effective. This results in concurrent validity. We also conduct ongoing studies to correlate results on the Auxiliary Perceiver Interview with evaluation of on-the-job performance. From time to time, the Perceiver Instument is adjusted, based on the data received, to maintain predictive validity. Properly administered and interpreted by a trained Perceiver, the structured interview can be quite predictive of the behavior of an applicant on the job.

DR. GOTTLIEB You said that you have eliminated all the tests that orthodontists are accustomed to using. Does that include manual dexterity tests?

DR. SORENSON Now I need to talk about predictors, non-predictors, and negative predictors. A manual dexterity test would be a negative predictor. A low manual dexterity score for a person applying for a job requiring considerable manual dexterity would indicate that the person might not be able to perform. It would be a contraindication to hiring such a person and, therefore, a negative predictor. However, you cannot assume the opposite. High manual dexterity does not correlate with effectiveness in working with people, either negatively or positively. There is just no correlation. It doesn't permit any prediction about helping people claim their self esteem. You might use it as an extra indication, but not as a prime tool in selecting staff people. IQ is also a negative predictor. A person with a low IQ might not be able to learn the complex tasks of an orthodontic office, and would be a contraindication to hiring. But, just because a person has a high IQ doesn't indicate that he or she will be effective. So, again, it is a negative predictor. There are some non-predictors, like age and education. We simply have not been able to correlate age or education with performance.

DR. GOTTLIEB What about previous training?

DR. SORENSON We have found no correlation between previous training and effectiveness as a helper.

DR. GOTTLIEB How does an office go about using the structured interview?

DR. SORENSON More and more,

we've been involved in training two people in an office to learn to be what we call Auxiliary Perceiver Specialists. They learn to give the interview, to interpret what is said, and to make a predictive judgment on that person's behavior. That's a skill that takes a minimum of three or four months to learn. A few people take a year to learn it, and some people don't seem to be able to learn it.

DR. GOTTLIEB Is this something that staff members should be doing, rather than the orthodontist?

DR. SORENSON We like the orthodontist and one other person to learn this. The orthodontist may or may not be doing the interviewing, but needs to learn the language and how to interpret what's being said. If, for example, another staff member comes to him and says this applicant has high gestalt, average rapport, strong empathy, and a strong sense of mission, he must know what all that means, where that person would work best, and how well she would fit in with the other staff members. He must be knowledgeable whether or not he actually conducts the interview. Some orthodontists enjoy the actual interviewing, while others would rather delegate it.

DR. GOTTLIEB Does a procedure like this apply more to the large office, rather than the small one?

DR. SORENSON Not really. Both need talent, even if a small office might not need to find as many talented persons as often as a larger office. Also, I see this process primarily as management development for the orthodontist and whomever else in the office is involved in management. The developmental manager needs to manage to the unique talents of each person in the office and the best way I know of to understand these talents is to interview the person and to understand their life themes. Then he can learn management techniques, what to do at staff meetings, how to motivate people, how to manage conflict, how to communicate.

DR. GOTTLIEB How is the orthodontist going to learn all of those things?

DR. SORENSON Through experiental learning. It can't be learned by going to lectures, listening to tapes, or watching films. It starts, I think, with the orthodontist understanding the people he manages in terms of the models we have identified. He will need to interview each staff member to do this. Then he says, "How can I help these particular people grow to be more like those people that are pointed out as being effective?" Then you have a developmental program that is effective, without wasting a lot of time on things that are not particularly germaine. For example, let us say that, in a particular office, empathy may be moderate or even low as determined through profiling of the staff. The appropriate developmental training for the staff would be listening skills. The people could be helped considerably to learn how to listen, rather than telling or not interacting at all.

DR. GOTTLIEB Do you feel most orthodontists can become good managers?

DR. SORENSON I believe that most orthodontists can become better managers. You have probably heard of the Peter Principle — that people tend to rise to their level of incompetence. I don't know if that is true or

not. We talk more about Paul's Principle — that poor managers tend to manage good people poorly. And, there is a corollary — that poor managers manage mediocre people better than good people. So, selection without management development, from our point of view, is rarely effective; and we feel that the key to all this is the evolving of the orthodontist and others in the office as developmental managers.

DR. GOTTLIEB Management in those terms is a one-on-one proposition.

DR. SORENSON Yes. Management is a one-to-one process. It is the relationship that the orthodontist establishes with each individual that he or she manages. This includes patients, and the orthodontist needs to spend time one-on-one with them. We are currently involved in the development of a Patient/Client Perceiver, which is a brief structured interview to be used with the new patient in the intake process. Once the readiness of the patient to assume responsibility is determined, appropriate interpersonal skills can be utilized by the staff.

DR. GOTTLIEB How is performance appraisal handled with the staff?

DR. SORENSON That's a one-on-one conversation, maybe once a year. Certain processes are constructive in performance appraisal and others are not; and those skills can be learned as part of a management development process. Outstanding people expect this kind of dialogue. They become disappointed if they don't get feedback on their performance. They like to know how well they are doing. Also, they have a part in developing their own job description. They don't like to be given a job description. The job should be built around their talents and when you change a staff member, the job ought to flow around that person's talents. If it can't, then we have the wrong staff member and we need to pick someone with the particular configuration of themes that will suit the position and enhance the overall team. We introduce performance appraisal along with Perceiver Training as a part of management development.

DR. GOTTLIEB How does the orthodontist appraise his own performance?

DR. SORENSON In a behaviorally sensitive office, the staff would evaluate the performance of the orthodontist; and patients do too. We conduct Patient Attitude Surveys in which patients are asked to evaluate the performance of the whole staff, including the orthodontist. These surveys are interviews with a random sample of patients, conducted by long distance telephone.

DR. GOTTLIEB It seems to me that the orthodontist is on both sides of the evaluation, which almost requires that he be aware of his management style.

DR. SORENSON Yes, he does, but that is not difficult. There are some pencil and paper instruments that can be used in determining what a person's management style is. We are all aware of the authoritarian style, for example. That means that, "I'm right and you're wrong. Let me tell you what you need to do to please me." There may be times when that is effective, but talented people prefer a more participatory style. They like to know what is expected, but they like to have a hand in shaping those expectations and in determining their own destiny.

DR. GOTTLIEB I think that a poorly utilized management tool is the staff meeting.

DR. SORENSON Yes. Common feedback that I get from orthodontists is, "I used to have staff meetings, but I gave them up because nobody would talk". Our interpretation of that is that the staff is angry if they won't talk and that there is something about the doctor's style that interferes with the staff learning how to communicate and be open. If it happens in the staff meeting like that, you can rest assured that the same thing is getting in the way of the patients taking greater initiative for their own destiny. I don't believe that it's possible to have a staff that is effective in working with patients behaviorally without good staff meetings. Staff meetings are a learning laboratory for discovering how to work with patients effectively. We learn how to help each other in a staff meeting, and this skill carries over to working with patients.

DR. GOTTLIEB How often should the staff meet?

DR. SORENSON I think that staff meetings need to be scheduled regularly, for an hour or two at least every other week, during the working day.

DR. GOTTLIEB It shouldn't be with the dentist lecturing to the staff.

DR. SORENSON Unless he has something that needs to be lectured about, such as something he has learned that he wishes to share with the staff. Otherwise, the dentist can learn to participate in the staff meetings without having to be in charge. To line up a staff and say, "Here is an agenda that I have developed and what you really need to do, staff, is to shape up", is a very ineffectual way of working with the staff and, incidentally, a very ineffectual way of working with the patient, too.

DR. GOTTLIEB What would you say is an effective way of conducting staff meetings that will work?

DR. SORENSON I have some strong feelings about that, based on many years of experience. I think that someone needs to serve as a facilitator or enabler. It need not be the dentist and doesn't have to be the same person every time. Volunteers will do. The facilitator merely says, "What do we need to talk about today?" As people volunteer things, the facilitator writes them on a blackboard or on a piece of newsprint, so that everyone can see. Then the facilitator says, "Let's put them in the order of their importance." They are building an agenda right there in the staff meeting. Then the enabler says, "Whose item was the first one?" Someone says, "That's mine". And the enabler says, "Go ahead and start us off. What were you thinking as you mentioned that item?" It gives the initiative right back to the staff member. Then everyone pitches in and serves as helpers on that issue; and we're finished with the item when the person whose item it was says, "Enough. I think we've handled that satisfactorily. I feel good about it". Then we take the next item and say, "Whose item was this?" It might be the orthodontist that has listed something important to him; and the facilitator says, "Well, start us off. What do we need to know about that?" Without exception, this process is more effective behaviorally than a cut and dried, highly structured staff meeting.

DR. GOTTLIEB What would be a good way for an orthodontist to introduce this kind of staff meeting to his staff?

DR. SORENSON The orthodontist

might say, "I would like to try a different way of doing a staff meeting and see how we like it. I'd like for someone to be a facilitator. Maybe I will do it the first time, just to model it. Instead of distributing an agenda that I have developed or that we have gotten out of a suggestion box, why don't we just develop it right here? Let's go ahead and do it. What do we need to talk about today?" So, they have a staff meeting along those lines. Then he might say, "Let's evaluate the staff meeting we've just had. How do you feel about it?" Almost without exception, people will say, "That's one of the best staff meetings we've ever had. I liked that. All of a sudden somebody listened to me". There are only two reasons to have staff meetings. The primary reason is to hear from the staff. The secondary reason is to generate enthusiasm, by allowing people to enhance their own self esteem. They come out of such a staff meeting thinking, "Gee I'm pretty effective. We just made a decision on something that I believe is important", and that enhances the staff person's self esteem. This almost never happens with an authoritarian leader. People leave his meeting thinking, "I don't know why I attend. I guess it's because I am getting paid, but those are bad experiences and next time I'm not going to say anything. I'll knit or sharpen my instruments during the staff meeting". I see a lot of that going on in staff meetings, instead of participating.

DR. GOTTLIEB And regular staff meetings should be held if you have two employees or twenty?

DR. SORENSON Absolutely! And the beauty of an orthodontic office is that, from a social psychologist's point of view, it is a small group. It's like a family, and the processes work best in small groups. A small group would be from two or three to twelve or fifteen. Since our personality was determined in the first place in our family of origin, which is a small group, it can be shaped or enhanced in another small group, which is a secondary group — our work group in a dental office.

DR. GOTTLIEB Is there ever an occasion to break up a large staff into small departmental groups?

DR. SORENSON Yes, there is, particularly in group practices. We like to see staffs meeting in many small groups — the clinical staff, the clerical staff, a particular orthodontist and his support team. There is quite a complex pattern of small group meetings in large practices.

DR. GOTTLIEB Earlier you said that we ought to view staff as colleagues who must feel that they benefit emotionally and economically from the growth of the practice. What are your thoughts on how staff should be compensated?

DR. SORENSON I think that we are in trouble in the way that we compensate people in a dental office. The day is fast approaching when salaries will not be able to keep up with inflation. In addition, salaries, and especially wages, imply a hierarchical struggle between boss and employee. If we are going to attract and keep talented people in the decade ahead, I think we are going to have to move toward some kind of profit sharing in addition to salary. That would be behaviorally congruent with the kind of management and the kind of talented people we have been helping to select in orthodontic offices — highly motivated, achievement oriented people. The kind

of profit sharing I am talking about is a formula for sharing in the economic growth of the practice. Such growth, which is reflected in profit, is distributed monthly according to a rather complex formula. I believe it is possible, and perhaps even desirable, to eliminate wages or salaries in favor of profit sharing, though most offices prefer to maintain a base salary, with profit sharing in addition.

DR. GOTTLIEB Many believe that if you turn over your staff every three years that makes life more interesting and, in addition, employees do not get included in retirement plans and that excess compensation goes to the orthodontist.

DR. SORENSON There is a faulty assumption that the way to keep things together is to keep tight control on what we pay employees, and that this is the best way to survive. That is a good way to remain quite mediocre as a manager and as an entrepreneur, or even to fail. The sooner we deemphasize salaries and emphasize some kind of economic sharing of growth, the better off we will be. Salaries should be seen as a floor below which compensation will not fall, rather than as a ceiling on income, as most salaries are.

DR. GOTTLIEB Do you adhere to Herzberg's ideas on management?

DR. SORENSON Yes. I think Herzberg's theories apply here. There are hygiene factors and motivational factors, and salaries are hygiene factors. But, profit sharing is a broader idea. It is reward for effectiveness and goes far beyond wages and salaries. In Herzberg's terms, profit sharing might be seen as a motivational factor.

DR. GOTTLIEB What can we say to the orthodontist who feels that this is all idealistic stuff, but has very little to do with the bottom line in the average orthodontic office?

DR. SORENSON I don't know of a more effective way of becoming profitable than to hire talented staff, and to manage them for excellence. There are some underlying assumptions in what we have been saying, and unless these assumptions make sense to the orthodontist, he very well may feel that this is irrelevant. On the other hand, if an orthodontist subscribes to these assumptions, then all the things we have been saying seem vital. The first assumption is that there are sufficient human resources to provide the world with caring leadership. Now, many orthodontists don't believe that. They say, "My community is different. We just don't have talent in this town. I run an ad and you ought to see the people I get". In this case, we would want to see the ad, but our experience is that talent is distributed proportionately throughout the country — in small towns, big towns, rural, urban, and suburban — and there are sufficient human resources available everywhere.

DR. GOTTLIEB Humanistic talent is different from technical talent.

DR. SORENSON Yes. So, we need to be able to spot it, and here we come back to the profiling, the themes, and the structured interviews. We have to know what we are looking for.

Second assumption. We live in an orderly universe in which there are consistent recurring patterns of behavior which can be studied and understood. If we just find somebody who is effective by accident, and there is not another person like him or her in the world, we're in trouble. Fortunately, there are patterns in staff members who

are effective in the dental office, and in dentists and orthodontists. We called these patterns life themes. There are different patterns, but there are patterns; and behavior can be predicted from these patterns. That makes staff selection more fun, more scientific, and more manageable. We discover that we can select persons with talent for helping others.

DR. GOTTLIEB Are the changing lifestyles that we are seeing in our general population enhancing the opportunities for orthodontists to find this talent?

DR. SORENSON Ye, I think they are, particularly with women. Orthodontics is a masculine dominated profession, with a predominantly feminine staff. Women in our society have traditionally been taught to be passive and nonassertive. Some of the life themes we have been talking about — Interaction, Rapport, Empathy — are more feminine or "right brain" characteristics. But, the modern staff member is also becoming more assertive. Some of the more masculine, "left brain" themes are Activator, Organizational Relationships, and Performance. I think this is to the orthodontist's advantage.

Another assumption. Each person is a unique expression of talent, and we must understand that each configuration of themes or talents is unique. Thus, each person is unique. Positions are unique, too. You do not need the same configuration of themes for a chairside technician as for a receptionist, or for a health learning facilitator or a lab technician. So, there are unique profiles, and each person has unique gifts. We want to build on the strengths and manage around the weaknesses. That's just the opposite of conventional wisdom. Society teaches us to strive to strengthen our weaknesses, and that is very difficult managerially. Maybe in therapy we can strengthen our weaknesses, but managerially it is much more effective for the orthodontist to select talent and then build on the strengths. Each person has a little different configuration of strengths, which must be considered in light of the specific position.

The fourth assumption. A person's talents are best developed when that person is in relationship with another person who cares. We call this management. If an orthodontist, as manager, is not a person who cares, a person's talents do not grow; in fact they atrophy. Both staff and patients need a relationship with somebody who cares. Generally that would be the orthodontist as manager. The orthodontist also needs that relationship with someone who cares and he must get that from friends, spouse, or patients and staff.

The fifth assumption. When each person is in relationship with someone who cares, human resources are multiplied. We call this synergism. If we have five talented people in a relationship, the total is not five times more than one. It might be 25 times more than one, because of the interaction, because of the exchange of ideas, innovations, creativity, even confrontation. Talent multiplies itself, like yeast in bread.

The sixth assumption is that the multiplication effect is more evident in positions where caring makes a difference, such as in teaching, or dentistry, or orthodontics. Caring is the single most important factor in all the helping professions.

DR. GOTTLIEB Supposing that you recognize that you have not selected people well, that if you had it to do

over again on the basis of the profiling that you are now able to do and on the understanding that you now have, you never would have hired some of your staff in the first place. Do you believe that, under those circumstances, the orthodontist should manage the weaknesses and has an obligation to continue the relationships, or should he rather have a higher obligation to the practice and patients and sever the relationships and start again with people who profile better?

DR. SORENSON I think it would be quite inappropriate to replace someone on the basis of our profiling. Replacements need to be based on performance and performance appraisal. If a person is not working out, it's quite evident to everyone concerned, and sometimes changes are made. But, not because someone profiled you and said, "You know what? You haven't got it". The profile should be used as a tool to assist personal growth, building on talents, and building the job around the person to the extent that is possible. But, it is performance, or lack of it, that makes it not possible, not the profile. Now then, if change is necessary and needs to be made, then the interview would be used to select persons with the themes and the talent you believe would work out best. So, it is both a developmental tool and a selection tool, but should not be used as an ax to chop someone out of the organization.

DR. GOTTLIEB When you separated administration and management before and spoke of developmental management, that does not preclude some fairly authoritarian decisions by the orthodontist, does it? Some decisions do not benefit from a participatory approach.

DR. SORENSON Yes, there are some decisions that need to be made quite authoritatively. Sometimes, the dentist or the orthodontist is the only one who can make them, and he makes them unilaterally. Developmental management refers to the need to help each other grow, the need for dialogue, for helping each other define the job and evaluate performance, the need to share in compensation — all those things I have been talking about. But, yes, certain decisions are made in a rather authoritarian style. If you believe a certain procedure would benefit the patient most, you do it. You don't put it up for a group decision. It is important that the orthodontist be aware of his or her style, and whether it is working. Then an evaluation can be made about changing that style, if necessary.

DR. GOTTLIEB The concept is so new and different, that many orthodontists might feel that surrendering that much authority would throw the practice into chaos or anarchy.

DR. SORENSON It's not anarchy at all. It involves everyone taking psychological ownership and responsibility. In reality, the orthodontist is giving up very little, with the possibility of gaining a great deal.

DR. GOTTLIEB The orthodontist does not divest himself of all authority and just become one of the staff.

DR. SORENSON Not at all. He may lose his facade, his fantasy of being all-powerful, and instead become effective in activating people to do what he believes is best for everyone concerned.

DR. GOTTLIEB To what extent do you think some people really do want an authoritative figure to tell them what to do?

DR. SORENSON Some persons do, but this does not mean that this approach is always best. The perceptive orthodontist or manager will empathize with each person and, if necessary, say, "Yes. I can tell you what I believe would be best and what you ought to do". He interacts at the level where the patient is. But, very shortly, after a relationship has been established, he says, "I think it's time that you being to share with me what you would like, and I would like you to be involved in deciding for yourself. Ultimately, you need to decide". So, even the patient who is looking to the orthodontist as a father or dictator or God can be encouraged to grow and take charge of his own decisions. This would be true with staff members, too.

DR. GOTTLIEB Is it damaging to the doctor to give up his authoritarian image?

DR. SORENSON Not if he has something better to put in its place. Power is sometimes by virtue of position. The doctor is in such a position, and we are learning more and more from our studies both in sociology and psychology, that is the weakest kind of power there is. There is another kind of power and that is earned authority. I earn my authority by how effective I am in interacting with you. When people really respect you as a person who knows what he is talking about, then you can influence the thinking of others by interacting appropriately with them, that's real power and authority. I would hope that authority by virtue of position would give way to authority by virtue of interpersonal competency.

DR. GOTTLIEB We have covered a lot of ground in our conversation. Could you pull all this together so that our readers would know where to begin in developing a behaviorally sound orthodontic practice?

DR. SORENSON I believe that the place to start is with a better understanding of the patients — their needs, motives, values, and goals — and particularly with what they are saying about the office. The Patient Attitude Survey is a good way to do this. I would then recommend developing an intake process with new patients around the Patient/Client Perceiver.

The team can be developed by first profiling the staff as a part of Auxiliary Perceiver Training. Developmental management processes can then be initiated such as constructive staff meetings, effective performance appraisal, career development, and profit sharing.

Personal and professional growth of the orthodontist may begin by interviewing and preparing a written Developmental Portrait of the orthodontist. The Portrait includes an evaluation of the life themes we have been talking about, and recommendations for personal and professional growth.

We have recently begun conducting introductory and advanced developmental seminars at our Colorado office in the San Juan Mountains of southwestern Colorado. Once a dentist or orthodontist initiates one or more of the growth processes with us, he or she is invited to participate in these seminars. We also work directly within many dental offices.

DR. GOTTLIEB Chuck, I want to thank you for these insights into a behavioral approach to orthodontic practice. It could well be a new key to motivation and management in all aspects of orthodontic practice. □