

Ep #68: Clarifying Your Vision and Your Why with Dr. Paul Henny



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Allison Watts, DDS

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Welcome to *Practicing with the Masters* for dentists with your host, Dr. Allison Watts. Allison believes that there are four pillars for a successful, fulfilling dental practice: clear leadership, sound business principles, well-developed communication skills, and clinical excellence. Allison enjoys helping dentists and teams excel in all of these areas. Each episode she brings you an inspiring conversation with another leading expert. If you desire to learn and grow and in the process take your practice to the next level, then this is the show for you. Now, here's your host, Dr. Allison Watts.

Allison Watts: Alright. Welcome everybody to Practicing with the Masters. I'm Allison Watts. And I'm super, super-excited about tonight's call with Paul Henny. And I'll go ahead and introduce you first, Paul.

Paul Henny: Okay.

Allison Watts: Dr. Paul Henny was born and raised in Portage, Michigan, located in Southwest Michigan, where his father Frank was an oral surgeon. Paul's uncle Frederick was also an oral surgeon, and he went on to become one of the most well-known oral surgeons of his time in the world as Chief of Surgery at Ford Hospital in Detroit, President of the Academy of Oral and Maxillofacial Surgeons, and as a member of the Royal Academy of Surgeons in Great Britain.

Due to the heavy family pedigree in dentistry, Paul always planned on entering the profession with thoughts of specializing in prosthodontics, which he now functionally practices today due to his training at Pankey, Dawson, and Spear and other institutions of advanced education.

Paul has taught as a faculty member at the University of Kentucky College of Dentistry, at the Pankey Institute and at the University of Washington. He's a 1984 graduate of

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the University of Michigan School of Dentistry, and is the co-founder of the Bob Barkley Study Club, which was formed in 1996 with Dr. Charlie Varipappa and Dr. Johnson Hagood.

He was written and published a series of articles for Dental Economics, as well as Dentistry Today. Additionally, he speaks and runs workshops on behavioral dentistry, personal branding, and the marketing of relationship-based health center dentistry.

Paul, how long ago did you launch the Bob Barkley Study Club on Facebook?

Paul Henny: Coming up on close to four years now, actually. My earliest ponderings. So it's been a while now. Yeah.

Allison Watts: Okay. I think everybody who's on here knows about that, but it is ... it has become very popular and is read daily by many of the leaders in dentistry today.

And Paul is also the lead author and managing editor of codiscovery.com website, which is fantastic. There are a lot of great articles and resources there.

So as I said before, you said in the email, we are hoping this will be open forum, more of a conversation about what works and what doesn't work for everybody. And Paul, it is always awesome to be here with you.

Paul Henny: Likewise, Allison. This is an interesting conversation just from a geographical standpoint because at the moment, I'm standing out on my deck which is roughly 3,000 feet above sea level in the Blue Ridge Mountains. My view is probably 20 miles out at just mountain ranges. And I'm talking to you in Costa Rica-

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Allison Watts: Uh-huh (affirmative).

Paul Henny: And isn't modern technology a fascinating thing? Hopefully my cell service will work for the entirety of this call. Because sometimes it gets a little dicey, but it's pretty cool to be able to do something like this.

Allison Watts: It's super-cool. Yeah. It's funny you say that because I was having the same concerns, and I decided, "It's going to work."

Paul Henny: Yeah. There was supposed to be storms moving through tonight, and I was just thinking, "Oh my gosh." It's gonna mess up my cell service, but it's a beautiful night. It's really just an optimal summer night up here in the mountains.

Anyway, the one part of this little bio that you didn't include because I didn't really tell you was that roughly after about three years of practicing dentistry, I almost quit. And because of my family background in dentistry, I kind of had a pretty idealistic perspective of what dentistry was going to be. I think probably a lot of us exit dental school with that mindset, anyways, but mine was really on steroids.

And when I came out and I started teaching positions at the University of Kentucky, and one in the operative dentistry department and one in the community dentistry department, and then I started practicing on the side out in the community, and I came face to face with the reality that most people don't like dentists and don't want to be around me and aren't particularly interested in what I had to say or my point of view. And that's sort of a shock when that happens, when you come right out of dental school. I'm sure that happened to all of us.

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So I kind of struggled along, and I became friends with a guy that owned a really, really high-end tabletop store that sold nothing but the finest china and flatware and all this. That was in Lexington so all the horse crowd, all the people from all over the world that own these fine horse farms there. And we went in together, and we opened a kitchen shop. And I managed it. It was in the same building my office was in, and I went downstairs and I would manage it. I went to market in Atlanta, New York, and I bought everything for it. I merchandised the whole thing, I marketed it, and then I ran it on the weekends, and I had two people that worked for me, and it was just kicking butt. It was like 850 square feet ... We opened in October, and the first Christmas, we were making like \$12,000 a day in an 800 square foot space.

Allison Watts: Wow.

Paul Henny: And I'm thinking, "Oh my God. What am I doing in dentistry?"

Of course, you gotta put this in a timeframe. This is germane to our conversation tonight because this would have been 1986. And this is before the internet, this is before really Williams-Sonoma. We were just selling all high-end stuff, like All-Clad cookware and Henckels knives and really nice stuff. And this is really before Williams-Sonoma had come to town and wiped everybody out. And this is before the internet and Amazon and all that stuff.

So this was kind of the last gasp of local retail, really. And at that time, I'm thinking, "Wow, this is great." And then Christmas comes and goes, and then you make like \$300 a day in January and February, and you can't pay your

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bills. And that's when I became more familiar with the true cycle of retail, which is you starve to death nine months out of the year, and then you try to make it all back on loans, pay your loans back and everything Christmastime.

And the turbulence of that taught me that maybe dentistry was a better idea. So I ended up staying in there, and fortunately for me, I came in contact with a local dentist who had trained at the Pankey Institute, who also had Avrom King as a consultant, and I think he'd even done a little work with Elmer Reed (sp?), and he had all of Avrom's newsletters there. His Nexus newsletters and some of his Currents newsletters, and I would just sit and I would read them.

And that was really the first time I became exposed to Bob Barkley, who he was. It was really the first time I got exposed to who Carl Rogers was. And this was kind of the paradigm shifting moment for me. I started thinking about dentistry differently, and that was sort of the first very early steps of me changing the way I wanted to practice in dentistry, which really, over a long period of time now, us studying that and working on that and refining that leads us up to this conversation today. So I thought I might just share that with you. It's been an interesting trip.

Allison Watts: Yeah. I love that. I love when fate jumps in and saves us from ourselves.

Paul Henny: The other thing that's particularly germane to the conversation tonight is this. Let's say, hypothetically, had I abandoned dentistry and stayed in fine kitchen shop business, I probably would have been wiped out within five years because of the way the economy changes so

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fast. And that's what happening to us here in dentistry now is that corporates are coming in and all these other outside influences are exerting a lot of pressure on what's left of the traditional practice model. So we've got to come up with a way kind of re-inventing it, or being more nimble, and being able to adapt more quickly. And thrive in a much more rapidly-changing environment. And that's one the topics of tonight's discussion is that very thing.

Allison Watts: Absolutely, I was just thinking that when you started saying that. This is exactly why we're having this conversation. Because I believe this is the solution or if not the solution it is for sure a solution.

Paul Henny: Mm-hmm (affirmative). Mm-hmm (affirmative).

Allison Watts: So I think what we wanted to do, I know the people who are on the call tonight, because I know most of you, or actually I know all of you, are very familiar with this conversation. But for the sake of the people who will be listening to the recording, you and I talked about just maybe defining some of the terms that we're going to be using, just so we'll have a common language.

Paul Henny: Sure.

Allison Watts: I know some people are familiar with "vision" and "mission" and those things, and some people may not be as familiar with "philosophy". So if you wanted to just sort of go through those. And however much input you want to have here, Paul, as far as the interaction goes. If you want to have interaction this part, we can do that, too. I'm gonna let you sort of lead that.

Paul Henny: Yeah, everybody is free to jump in as long as they agree with everything I am saying. Otherwise, you need to stay

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quiet. That's how we do it here in Virginia if you haven't been paying attention to the news.

Allison Watts: Okay. Well, there's going to be a probably with that, I can already tell. There's a few people on here who are not afraid to speak their minds and may not agree with what you say. That's awesome. That's funny. Alright. Yeah, so the lines are pretty quiet guys. If you have noise in the background, just mute yourself and then unmute when you want to talk. But otherwise, it sounds pretty quiet, so I'm just going to leave the lines open.

Okay, Paul.

Paul Henny: Okay.

Allison Watts: Yeah.

Paul Henny: Let me just start with a few things, and we can kind of maybe ... I know hopefully a little bit later in this conversation we're going to talk about the concept of a Learning Ladder, which was a real central theme in Bob Barkley's thinking. And some of the elements here that we're going to talk about are related to that, so we can kind of touch on some of that and some other things as well. Let's just try to define the lexicon a little bit so that we can get calibrated and if anybody here has more they want to add to it, or refine or whatever, let me know.

Let's just start out with what is a belief. A belief is really an idea that we form in our right hemisphere, and we have other things tucked in that hemisphere that are associated to that, and it kind of forms a little cluster. And we kind of play around with it, and the next thing that we do with it is we try to validate it. We create a model out of that cluster, and we take it out into the real world, and we test it. And if

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it tests out as being valid and useful, we hang on to it. We become committed to it. And a big part of dentistry is getting people to commit.

Well, they don't commit to anything until they have a belief that they have validated. And really, a validated belief over and over that is long-lasting and we associate some level of hierarchy to it, we call it a value.

So patients in our world, and we're particularly talking about complex dentistry here, people in our world don't say yes to complex dentistry unless they believe in it, they believe that it's valuable to them, and they're ready to commit themselves, which is sustained action, sustained effort to achieve an outcome that they want. In other words, all of the motivation of that process is inside out. Okay. Is everybody okay with that? Thinking about it that way?

Barry Polansky: Yeah.

Paul Henny: Think of a value as really an extension of a belief. It's a belief that we have prioritized and personalized and really a lot of people would say you really don't value something unless you're willing to act on it, unless you're willing to live it.

So we can all say that we believe this in that we ... 30 years ago, a lot of people believed that smoking cigarettes was bad for you, but a lot of people didn't quit. It's taken a long time for that belief in our culture to change and a lot of other things.

So just because we have a belief doesn't necessarily mean it's valid or right, and it can be changed. And I think the important takeaway there is that a patient can hold a

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belief, but it can be influenced by other people. There's spouses, the culture around them, what's on TV, or by the team.

So we all need, and this is where the Learning Ladder's particularly valid. We have to know where the person is on that progression of change towards action. So that's a helpful thing to be familiar with.

If we take a cluster of beliefs or hierarchy values together associated with dentistry, then we begin to form really a personal philosophy towards dentistry. And so you can think of a personal philosophy statement toward dentistry, which would be step one toward building a practice like this, would be really a series of "I believe" statements. I believe that my patients should be treated like this. I believe that all people deserve that. I believe that we're going to manage everything this way and so forth. They're a series of beliefs, and then you can take those and you can construct that into a paragraph form or whatever.

And later on, in the evolution of your practice, and that would be something that you would share with the team. We can talk a little bit about that later. I know that's on the agenda there.

And then from there, you would form a practice philosophy, which is really that same sort of process done in a group fashion.

A mission or purpose statement, I kind of use "mission" and "purpose" as interchangeable terms, you can think of a mission or a purpose statement as really being the philosophy in action. So if you can think about mission and philosophy as "I believe x. Therefore, I will y." So we

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have action. It's the philosophy put in action. This is how we're gonna do it.

You can take that and structure that in a whole bunch of different ways. If you want to see an example of how I did it, you can go on my website, paulhennydds.com, and if you go into the "About Us" section and to the bottom of it you'll see a section called "Our Commitment to You." And they're basically just bullet points, "We believe, therefore we will, we will, we will, we will, we shall."

So that's how you can apply that. That's one place you can apply that. But I think both a philosophy and a mission really should be so much in your tissue that it needs to be felt by the patient. And it needs to be so deeply understood that it shouldn't need to be referenced too much on your team once you develop that. But obviously you would use that to integrate new people into the team and so forth.

So, let's see. What else we got here? A vision. So you would use a philosophy to project forward into the future what you want things to look like. And that's more like a narrative that involves your past, your present, and your preferred future.

So that actually is an interestingly, that's another right hemisphere function. I think we're going to a little bit more about that later, how to do that sort of thing. But it's not a thing. It's more of a feeling. It's more of a process. It's more of a qualitative thing than a quantitative thing. So it's very much a right-brain sort of creation.

Another term I think is useful to understand is the term that comes out of the social sciences. It comes out of general systems theory, if you're familiar with that. It's

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called organizational structure. And organizational structure is the physicality of your practice in addition to how people, what they experience in there, and the systems that you've created, and how people ultimately respond to that. So how people respond to your facility and the systems that you create. How they respond to that, really on an intuitive and an emotional level is then what we call climate. The climate of the office or the climate of the organization. So that's really on a feeling level. Again, that's a right hemisphere.

And once there's a climate, climate influences culture. And culture ultimately influences behavior. So all of these things from structure right on through to culture really are right-brain influencing things that are very important, particularly where they relates to base practice.

So that, I think that's the main ... Is there anything else you want to touch base on there, Allison? Is that pretty good?

Allison Watts: Well, I just had a question when you were talking about vision. Do you remember what you said about vision, you said something about the philosophy project thing and then you said something about paths for the future. I didn't quite get that.

Paul Henny: Well ... maybe a good way for me to explain it would be kind of the way I developed my The way I developed my vision for the future was really it started off as just a list of things that I wanted to achieve, and that was both on a technical level, it was on a behavioral level, it was on a facility level. I had imagined in my mind what this practice was going to look, feel, and function like, long before I ever even moved to Roanoke, Virginia.

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I had a Franklin Day Planner, and I wrote these things down. Just ticked them off, they were 2-3 sentences each. There were about 237 of them, I think. And I just wrote them down, I would put it away, add to it, subtract. Over a couple years, I did that.

And then ultimately ... What a vision tends to do, once you get it locked and loaded in your mind, it tends to cause you to pay attention to things in your environment that are going to be supportive of your achievement of that. It makes you more aware. As human beings, we can't possibly perceive everything that's going on around us, we can only perceive the things that we pay attention to. So a vision tends to narrow our focus to the things that are important to us, things that we value. Okay?

So take all of that, you can just write down, and really a vision is more of a feeling. It's more of an emotional thing. It's not a checklist. Is that good? Does that work?

Allison Watts: Yeah. Yeah. And I'm just playing with how philosophy's related to that, and it just kind of feels like as a natural extension of your philosophy to be looking at your future that you're playing out how you want that to look.

Paul Henny: Yeah.

Allison Watts: Right?

Paul Henny: Your philosophy basically is your perspective of the world as you look out on it. Or at least how you would like it to be.

Allison Watts: Yeah.

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Paul Henny: So your vision is definitely philosophically-influenced. In my mind, I could imagine exactly what it was going to be like to walk into this space and what my staff was going to be wearing, how they were going to be interacting with me and the team. I had it all just in my head. And all of that is philosophically-driven.

Barry Polansky: Can I jump in for a second?

Allison Watts: Yeah.

Barry Polansky: This is Barry.

Paul Henny: Sure.

Barry Polansky: I once heard somebody say always keep your vision in front of you. Well, that's a nice statement. It makes a lot of sense. But there's a lot in there because you mention, Paul, that you started writing things down in your Franklin Day Planner. I've done a lot of that stuff over the years myself. And it's reached a point where I don't use a Franklin Day Planner anymore, but I definitely use a journal everyday.

Paul Henny: Right.

Barry Polansky: And actually I journal twice a day.

Paul Henny: Okay.

Barry Polansky: And so literally every single day, I'm reviewing and evaluating how my days go and whether I have been living that vision.

And so that brings up another point about this word philosophy, which over the years, I've come to ... When I first went out to Pankey, I studied philosophy. And

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dentists come in two types. The highly typical dentist who doesn't really care all that much about philosophy, and then the philosophical dentist who care more about the behavioral side of dentistry.

Well, I was the latter. But through the years, I've come to realize that the philosophy has got to be a living, breathing entity. And it requires work. It's just not a matter of thinking about certain things. It requires daily activity of bringing that philosophy together.

As much as, I hate to say it, every day we go out into the world, we face distraction. We face obstacles. We face things that are going to try and pull us off of our vision. And if we don't pay attention every single day, we're gonna get ... We're gonna get taken off our vision. We're gonna get taken off our philosophy path.

There's something else you said before. And this is something that kind of bothers me about where dentistry is today. You said that when you first started three years into it, you almost quit. And we come from an era where quitting just wasn't acceptable. What I'm seeing a lot with younger dentists today is they're literally getting derailed from their profession. That's the terminology I'm using. We all had feelings of leaving dentistry at one time or another. Not all, but many of us. And we just hung in there. And I gotta tell you, developing my philosophy kept me there through the years.

But I see younger dentists with the same issues that we had, or maybe even worse, and they're leaving dentistry. And they're leaving dentistry with high debt and responsibility. Because they can't reconcile how to actually practice under these circumstances. And

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philosophy is the answer to that, you know that. I don't have to tell you.

Paul Henny: Yeah. I agree. I think your point on vision is key. Vision is iterative. Vision is all about revision. Vision is strategic. Vision really is a strategic vision. It's part of strategic planning. So we have a vision in mind, and we move toward that. We look for things in the environment that are supportive of that and maybe as progress forward we learn that there's things about our assumptions that were wrong. And we make course corrections, or we refine it.

So it's not a straight line. It's a zig-zag. And I was saying in the very beginning, the environment is changing so fast, it's very possible that your practice will look very differently 10 years from now than it will today. So you have to install within it an organizational structure that allows you to be adaptive for that. And vision is a key, key piece of that process. Again, that's a right-brain, creative problem-solving mechanism that we can tap into and use and philosophy is kind of the driver behind that, so yeah. I agree with that, Barry.

Barry Polansky: Yeah.

Allison Watts: I want to jump in here real quick. I want part of this conversation and hopefully maybe some of you brilliant people can enlighten us on this. I have known many dentists and clients who struggle with this so much. And what I mean by struggle with it is they struggle to create their vision and/or their philosophy.

And I think part of the reason is they don't really get why it's so important. And I think part of it is also they ... I don't know. I love what you said about the vision constantly changing, Barry. And I also agree with what you said

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about a lot of dentists think the technical is the way to happiness and the best.

But can we ... I'd really love to build a case for the importance of doing this in our work. For me, I'll just share quickly ... I jumped on the bandwagon, and I created a vision based on what I saw other people doing, and I headed that direction without really looking inside of it and what would make me happy.

Yeah.

Barry Polansky: Yeah.

Paul Henny: Yeah.

Allison Watts: love to talk about it.

Paul Henny: I was going to say, Allison, that I just think ... Pete Dawson was really the first high-level, super-organized, technical coursework that I took. And pretty much everybody that leaves Pete's first course there thinking, "I want to be Pete."

That's kind of the little thought in the back of your head. "I'm going to be Pete."

And when I finished the Dawson curriculum, I damn near ... I went back to my practice and I decided to be Pete, and you know what ... that didn't work. Because I can't be Pete. And fortunately I was smart enough or stupid enough to stumble on it, whatever, the philosophical grounding for me to dig deeper on it. That was the dig deeper moment.

Because I what I heard from Dawson was everybody's gotta have a comprehensive exam the first time you see

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them. And so in my effort to be Pete, I drove a lot of people away, and I pissed a lot of people off, and I had boxes and boxes full of study models of cases that I never did. I got really good at mounting models, though. I did that.

Woman on Call: I can relate to that.

Paul Henny: This is how wisdom is hopefully developed. And I eventually came to the realization that I can't be Pete. The only person I can be is Paul. And that alone is a lot of hard work because sometimes, I wasn't sure who I was.

And if you're not sure who you are, then how can you possibly develop a philosophy associated with that, and how can you better ... project that forward to your patients or to the public effectively.

So there's a lot of self work, and boom, here we are boomeranging back to Dr. Pankey. Know yourself. So there's a tremendous amount of wisdom in that that goes back thousands of years.

Woman on Call: And I'd love to segue, for me knowing yourself is really knowing your why. And that is also the vision, it's the Y. Like Simon Sinek says, it starts with "why" because the comprehensive examination is what we do, and how we do things or all the things that we know well and when we apply these without coming from the core of ourselves, which is our why, and around which our vision should be built, then we scare people away.

Paul Henny: I would totally agree with that. I would also add that it took me a while to learn another "w" word which is "when." When. And that right there took me about 10 years to figure out what "when" meant.

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Now that I know what "when" means, all of that works beautifully for me. And when is directly associated with the nature of the relationship that you have with this person. And if the person is not at a level of relationship with you that's really nearing the interdependent level, then you may be asking prematurely and trying to share too much information with them too soon. In other words, if you're in a dependency or co-dependency relationship with them, some of that information's gonna go right over their heads because they have no internal motivation or incentive to even want to understand it or what it means to them.

So the "when" piece to me was huge. That took me a long time to figure that out, but I agree with "why", but sometimes you can't get to why until you work through a lot of personal stuff before that. Now if you came out of a dysfunctional family, or situations, particularly a male in this culture, a male of Barry and my and Alan's generation, we came from a different ... the parenting style and things were different. As males we weren't necessarily developed to be particularly empathetic, although we were capable of that. So there's some things that we had to kind of get more in touch with and work through to become more effective at communication. And then the why emerges.

Alan: If I could just jump-

Paul Henny: Yeah, go ahead, Alan.

Alan: The other thing, the other factor that complicates this, and Paul, you're 100% because you and I, knowing each other as well as we do, we come from pretty much the same place. But the dental school experience also

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inculcates us with this cookie-cutter model of "Just go in and fix it, and fix it perfectly, the way teacher says or else."

And I think that is what causes people like you and me to go in to Pete Dawson or Pankey or you know name the mentor, Spear, Rouse, whoever, and "I want to be like that one" where it's impossible to cookie-cut yourself and be happy at it. Some of my dearest friends worked for local governments where they spent 30, 35-year careers having to do something exactly as they were told, and the end result is poor health, physical and mental.

And I think ... those of us who come out of this fortunate, realize that we have the power in this profession to find out our why, find out what makes us happy and interpret that.

Paul Henny: Yeah, I think we can even weave that back into some comments that Barry was making earlier about younger dentists struggling to connect and find value in dentistry and wanting to leave as a result of that. I think you're right. I wrote a short little piece relative to that on the Bob Barkley Study Group Facebook Page this week, the little section on Bob Barkley's studies with Avrom King about how they discovered that dentists actually had higher emotional intelligence when they started as first-year students than when they left.

In other words, the process, the culture of a dental school suppressed their emotional intelligence, although we didn't use that term then, or they didn't use that term then.

So there is a suppression of that. Again, that's another right hemisphere function, empathy. The dental school model historically has always been a reduction-istic

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model. It's about processes and procedures, and it's about getting enough credits to graduate. It's a very left brain, left hemisphere experience. And we leave that, and we take the boards, then a lot of us are thrown into these situations where it's all about production. It's all about the numbers.

So again, they're not particularly encouraged to think about these patients as people. They think about them as production opportunities, ways to get another procedure so I can get ... graduate. And so there's a tremendous amount of cultural pressure on dentists to behave this way, even though it really is against their nature.

And I think that's why we have high rates of suicide and depression, and we have people leaving the profession, as Barry says. It's because dentistry, if you get into the wrong organizational structure as I was talking about earlier, the way you react to it on an emotional level is negative, and if it's repeated over and over again, you lose your sense of worth. You lose your sense of value. And you do something about it, one way or the other.

Barry Polansky: Can I just break in for one second? I want to look at it from a different perspective. I guess you're the first people in dentistry I'm telling this to except for the three... I sold my practice last Friday.

Paul Henny: Congratulations.

Allison Watts: Congratulations.

Barry Polansky: Thank you. I'm still working for about six months, but I decided to retire. And during this period, I kept asking older dentists, or dentists of our era. Kidding, I would say to them, "So when are you going to retire?" Just like

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that. And I usually get two responses. One is, "Yeah, I'm getting ready to retire, too." Or "I'm never going to retire."

And I find that interesting because the number of people who give me that answer, "I'm never going to retire" for whatever reason, and I say to them "Why?" They always come back with this one. "I love what I do. I love what I do."

So it corners me to really think about that. I've sat in enough bars with enough dentists over the last 45 years to realize loving dentistry isn't the universal concept for most dentists, okay? Most of them are complaining or crying about money or patients or whatever. And all of a sudden, when it comes time to retire, "I love what I do" becomes the fallback.

Well, maybe there are a few who do love what they do, but I'd say the majority don't love what they do, and they are ready to retire. The point is when you ask why, purpose. They worked all of their lives. And I don't believe that they ever really knew the purpose. Because I believe that the human brain is set up to protect them from finding out what their true purpose really is.

In other words, the human brain is like Sarah Huckabee. She's going to tell you what you want to hear. You see? But she's not going to tell you the truth. And that's what "Know yourself" really means. Getting by Sarah to figure out why you're really there.

And now I gotta get back to the Greeks and Romans again. Okay? Because they told you why you're here. And that's to live a good life. And I don't mean that in the vernacular sense, I mean the good life was definitely a defined entity. And I think when you really study the

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philosophy of the Greeks and the Romans, you find out what the good life is. And so ... I can tell you after a lot of struggles, after so much time, that I'm content to retire because at this point, the last 10 years have been good, and I'd like the next 10 or 15 or 20 years to be good as well.

But I think just saying, "Know your why," and don't take this the wrong way because there's so many books out there written about purpose. I think Paul you hit on it, you keep mentioning the right brain, I think when we start thinking about the human brain and how it's put together, I think we'll get closer to human motivation and real purpose than if we just...

Paul Henny: ... I think we are in a place where we understand that pretty well, but I think that it takes a certain knowledge about yourself and a certain amount of self-discipline to be able to tap into that. And some cultures are much, much better at that than ours, such as the Chinese culture and the Indian culture, two examples. Both cultures that are very ... developed lots of cultural ways/religious ways of tapping into their right hemisphere and seeking those things out, seeking those experiences out.

Because we, in essence, not to get too far down this Bunny Trail, so we basically have every brain. We've got a limbic brain, our reptilian brain if you will. We have our left hemisphere was developed after that, and then we have our right hemisphere, which developed like 50 million years later. And they all function somewhat independently, although the brain stem and the amygdala and so forth kind of really functions through the right hemisphere.

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But we really have three different brains. Dental school teaches us to function primarily out of our left hemisphere in a very logical, organized way. That's how education is structured, particularly dental education, particularly dental education that is delivered by people who think that way as well. It's just a through and through culture of that, and we weren't really encouraged at all to think of the world in any different ways than that. Clearly, there are ways to tap into your right hemisphere and find creative solutions as well as meaning. And meaning, it really comes through, meaning can't really be discovered on your own, meaning is relative to others. And so those are all relationships, are all right hemisphere-type functions.

So it's really figuring out how to have a balanced mind. Right and left brain functioning and knowing when to leverage which one. And that's a lifetime dedication right there.

Allison Watts: Yeah, and the limbic brain still wants to jump in because it's our fight-or-flight ... Here we are trying to be-

Paul Henny: Right. A lot of the deeply emotional memories that we have, that you have, you share some with me, Allison, those are in your limbic brain. And they can be re-triggered really easy. They're initially perceived by your right hemisphere, but it can trigger your amygdala to respond in a nanosecond. There are tons of studies out there that show that we form a first impression of a person within two to seven seconds. That's how fast our brain is working and making decisions. And we never really think about that in the context of our work as dentists. But it's there. It's completely there, and it's the truth.

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Allison Watts: And it's there for our team, and it's there for our patients. Right?

Paul Henny: Yeah. Yeah. Right. Part of this conversation is kind of dialing things back and looking at them from the social science perspective, which is when we create an office, we're creating a living organism, really, a culture, a living, emotional organism. That where people are responding to it, and their response is influencing everybody else and everything else. And then when patients come into that culture, they influence it. So to be aware of that and to successfully manage that is a super-key thing. And how do you measure when that's successful? That's when people are smiling and laughing, that's when people are giving you hugs, that's when people pay you with gratitude. Those are the metrics of a successful culture to me.

Allison Watts: I'm really tuned in right now to "Know Yourself." When I first heard that, I didn't really understand what that meant. And even as we're talking, it's even sinking in more. We get into dentistry for whatever reason, and we have a set of values and beliefs and needs and desires and all of these things.

And then we go into dentistry and we're fairly unconscious, I'd say we unconscious of most of this. Or we're conscious of maybe the surface level, but there's all different things at play. And I believe the real value of, for us personally, and then obviously there's value for our team and our patients, but the real value for us is if we have those values, needs, desires, all of those things at play, if we take the time to become conscious of those, we can clarify for ourselves how we can have those deep

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desires and values met in dentistry. So that we want to be there. Yeah-

Paul Henny: Repeat what you were saying in a little bit different words. We all come into dentistry with certain beliefs. Those beliefs may or not be accurate. Those beliefs may or may not be validated, they may be modified substantially, they may be thrown completely out, or they may be clung to totally, maybe to a level of dysfunction.

But, what you said, clarification of values, those are the beliefs that through all that shifting processes is the ones you end up with and you cling onto and you become committed to action associated with those things. Okay?

Barry Polansky: So Allison, I think you're on the right track when you say that we're all unconscious. But what happens if I were to throw out this idea, that maybe our brain, our healthy brain, the one that got us where we are right now, is playing a trick on us. And it's trying to protect us from knowing the truth. You see?

And what if the only indication that we have, that we're unconscious of these things, unconscious of our motives, the only thing that we have is knowing that we just don't feel right. Whether we feel stress, or whatever. But we can't clarify that, we can't express that, we cannot put it into words.

So my question then becomes, what can we do in our own lives daily, what kind of exercises can we have, that can bring us closer to exposing who we really are? Because I believe that the human brain isn't as clear-cut as we think it is. And I think...

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Paul Henny: You don't have to believe that, that's a total fact, Barry. Our brains function primarily with lots of bias. There all kinds of cognitive shortcuts built into our brains to make decision-making easier. That is why we have three protests in Lexington, Virginia tonight. Is because we have people who have let their biases get in the way of their cognition. They're thinking on an emotional level when, if they just step back, and maybe thought about it, did a little research and validated the truth, they wouldn't behave like that. But that is in fact the way the brain works. That's how masses of people are manipulated, from Nazi Germany to Mao Tse-tung. The key is to stay committed to speaking the truth.

Barry Polansky: Are there any exercises, are there any tactics you might suggest? Any ways to slow the mind down so that we can get in touch ... I know, Allison, you studied emotional intelligence. And the term they use so that we don't become emotionally hijacked at every moment, you see? Is there a way to slow the mind down so that we can figure this out?

Paul Henny: I think, yeah. I think it's a matter of disciplining yourself and you can discipline your mind through meditation or prayer or regular walks in the woods. Different strokes for different folks, but I think you need to make a conscious effort to listen to your deeper self.

Barry Polansky: This is part of a greater life philosophy than it is some kind of dental philosophy. You see?

Paul Henny: Well, absolutely.

Right. I understand. But when we talk about the philosophy when in the context of Dr. Pankey, there was no difference between the way Dr. Pankey acted socially

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or that he did at his practice. In other words, it's an authentic, congruent, experience.

So absolutely, everything that you work on or focus on developing applies across the board. Otherwise, if you're functioning in a postured, made-up way in your practice because you think that's what people are going to respond favorably to, that isn't gonna fly. People sense that in a moment.

Allison Watts: I'm loving what you're saying because it is part of a greater life philosophy and I feel it kind of goes back to what we were saying earlier, that there are people who believe the technical is greater than the philosophical and vice-versa, and also to my question about why is it so important? I feel like really if everybody knew ... I think there's people on the planet who never care about any of this stuff, and there's people who go about their lives and they're miserable because they don't know what they don't know. And then there's the people who are seeking, but there's some people in the middle who are not really seeking this because they don't think this is the path. They think that the path isn't sustainable.

Paul Henny: The sustainable path is just try to co-opt ... I used to think I wanted to be Pete, but now I want to be Frank. Now I want to be Barry Polansky. ..I I read his book, I did a freakin' number on his book, and I want to be Barry. It's all like this. It's all this big elaborate way to avoid finding yourself, I think sometimes.

So that was the before Barry's theory that we just fell into self-deception.

Barry Polansky: There it is, right there ... You took the words right out of my mouth.

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Allison Watts: Yeah. Yeah. I do think it slowed down, and I also think that if you have honest feedback from others, it gets reflected back to you. Obviously we have our results, and I think having other people around you like coaches, and it's hard to do it with your friends and family because they've got biases, too, but if you have an objective person who's helping you see your own truth, I think that's super-helpful. Helping you see yourself more clearly.

Paul Henny: Yeah, and I think there's a strong argument to have a facilitator or a coach to kind of function as a mirror. Not necessarily to tell you what to do but to function as a mirror and maybe say, "Eh. Allison, you might be getting a little close to the edge there. You might want to think a little bit."

But I think everybody here probably knows it's easy to get into a co-dependency relationship with a therapist, too. And that happens all the time with dental consultants. Dental consultants come in and take the crumbs away from the dentist and the practice, and the dentist goes, "Uh!" But they give up all their liberty in that decision as well. They give up the true ability to take that practice in a more authentic direction. That's another weakness and self-deception we can fall into as well.

Because that's the big paradox of counselors in general is that they're kind of like needy dentists. They need to maintain the relationship as long as possible for financial reasons, but really their goal should be to terminate it as fast as they can, get the person healthy and independent and terminate it. But there's very little incentive in the system for that.

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Alan: If I could turn this around, I've been just kind of passively listening because it's way past my bedtime. But I think we need to emphasize more the point that there's still the opportunity in this profession to pursue some level of happiness that's unique to ourselves. I'm not Paul, I'm not Barry, I'm not Allison. I'm Alan. And my practice looks very different from everybody else's, and that is a good thing because it's made my vision and what I want to contribute here.

I think that two of the magic words of the book I'm obsessed with right now is "Outward Mindset" by the Arvinger Institute. And those two words really empower us to a tremendous degree. I think we spend a lot of time, and we should, defining our happiness, defining our dental philosophy, our life philosophy. And when we do that, and when we're constantly aware of it and change it as the world changes, just take our core values and our core principles and apply it to a changing world. With an outward mindset, I think everything we've discussed this past hour is obtainable. It's tedious, but it's not difficult.

Paul Henny: Well, I would say it's difficult.

Barry Polansky: I would, too.

Allison Watts: I would, too.

Paul Henny: Life is about struggle. Life is about defeat and agony and total pain in the ass sometimes.

Barry Polansky: Absolutely. Absolutely.

Paul Henny: But out of that emerges joy. Because you stepped in, you committed yourself to things that really matter to you, you paid the price, and you got the prize.

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Barry Polansky: And we, in this racket, we have the freedom to do that.

Paul Henny: I'd say ... to Barry's point, to a diminishing degree, but we do, yes.

Allison Watts: Yeah, Alan, I love what you're saying, because really the point of this phone call is that. To make the point and to make the ... We all here do believe strongly in a philosophy. And do believe strongly in ... and have seen the effect, the positive effect of clarifying for ourselves what we believe and what we stand for, why we're here, and then sharing that with others so they can join us, our team, and then sharing that with our patients so that hopefully if that's what they want, they trust us. In a very simplified framework.

Yeah, thank you for saying that because that's exactly what we're saying here. We're not really here to complain about how hard it is.

Paul Henny: And I think there is, too, just on the off-chance that a few younger dentists might eventually listen to this maybe 10 years from now after we're all dead or gone or something.

There's a price you gotta pay on the front end. I wasn't really ready -- intellectually, emotionally, technically -- to begin this journey until I was about 10 years in as a dentist. So it's not ... I think you can begin preparing yourself, but it's not an overnight thing. I'm still working it out. I still make mistakes every day, but at the end of the day ... I look forward to going into the office, because my practice experience every day is always with people I enjoy being around.

And the clearer you get at defining that philosophy and sharing it with people and sharing it with the public, more

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of those people move toward you and the more congruent kind of experience you get from the structure you created becomes very consistent.

Barry Polansky: That's right.

Paul Henny: So you created a climate that stimulates and supports who you are on an authentic level, and that's where it gets fun. ... gets rewarding on a very deeply emotional level.

Alan: I gotta stop and say that's just a great point. That's a great point.

Paul Henny: And I'm working with several patients right now that I just can't wait to see them again because they're just so fun to be around and they really appreciate what we're trying to do to help them. And that's worth more than money when people can collaborate with you on that level. And we've all experienced that. That's a hard thing to explain to a younger dentist, so I wanted to just to throw that in there. It's not like it happens the week after you decide to do this.

Allison Watts: Right.

Barry Polansky: Yeah.

Allison Watts: Yeah, I love what you're saying. The congruence all the way through. So Paul and I wrote sort of wrote this up, and I'll just kind of go through it, and I do want to just acknowledge the time. I feel it's great, I want to stay on, but if anybody has to jump off, no problem. But we're gonna stay on-

Alan: I really do, so I'm gonna bid you good night and thank you all.

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Woman on Call: Thank you, Allison, and thank you, folks.

Allison Watts: Yes, thank you. Thank you for being here.

Barry Polansky: Before you go, just to let you know the Phillies are winning 3-0

Alan: Congratulations, Barry, and we'll talk to all of you real soon.

Barry Polansky: Thank you, everybody.

Allison Watts: Thanks, Alan. Good night.

Alan: Good night.

Allison Watts: I just want to go through the structure, Paul, because I do think that's really helpful for people.

Paul Henny: Okay.

Allison Watts: You know that we talked about ... Paul, just jump in if there's something that needs a little-

Paul Henny: Okay.

Allison Watts: Or anybody. If you feel there's something that needs to be added.

First step is you talked about creating a personal philosophy. I think what Barry said is super-valid. Personal philosophy and world view kind of come maybe first, and then a personal philosophy related to dentistry. Does that feel true?

Paul Henny: Yeah. Yeah.

Barry Polansky: Yeah.

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Allison Watts: Okay. And that could take years and years of clarification and asking questions for yourself, but you gotta start somewhere. So getting clear on your personal philosophy at first, and then a practice philosophy. And I wrote "Creating a practice philosophy." Does that come first before you share it with your team? Or is sharing it with your team how the practice philosophy is created.

Paul Henny: You would develop a personal philosophy first. You would write that down. Really think it through. Make sure it's an authentic expression, and then you would share that with what I would call the core team, which are people who are most philosophically aligned with you.

So let's just say hypothetically, we're talking about a practice in transition where some of the staff is maybe closer to identifying with your purpose than others.

Allison Watts: Correct.

Paul Henny: So I would tend to just share your personal philosophy with the ones that are likely to be encouraging and supportive of that. And then you develop it out from there. You move the other people into that circle, or you move them away through your hiring and development processes.

Allison Watts: Yeah. Okay. And then we talked about after that once you have your philosophy in place and you have it in writing and it's starting to be what you live by. As part of that, you would set up your systems and structures that are aligned. And you talked a little bit about removing the ones that are not. In other words, the things that we are doing and saying in our practices that get in the way of creating the experiences that we want for our patients. Do you want to say more about that?

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Paul Henny: Yeah, again let's just say hypothetically we're talking about a practice that it's in transition to being a more health-centered, relationship-based model, and I would say some people are going to strongly identify with that. Other people are going to feel like you changed the game. You moved the goal post. All the things that they understood and that incentivized them are gone now, or they don't understand. They're covered up in fog.

And so you're going to have to work with them to clarify that with them to see if the future practice is something they can get behind, or if they feel like there are better opportunities for them elsewhere. Help them find a practice that's more in line with the way your practice was.

So and that can take sometimes years for that to happen.

Barry Polansky: Yeah. And so, like I said, I just closed my practice last Friday, and this week, Monday, Tuesday and today, I'm still working in the practice. So they just changed over the software from Dentrax to Eaglesaw (sp?). And so they changed some of the forms that I'm using.

And so I saw a new patient yesterday. First new patient I've seen under the new regime. I got the new forms. I've been working with my forms for the last 20 years since I wrote the book "The Art of the Examination."

And I just found it so difficult, so when it was over, I went over to the new regime, and I said, "Listen. As long as I stay here, I can't use your forms. It's so inbred, my forms are part of my dental philosophy." And they're there to guide me and my assistant and the staff generally in building the relationship. You see? It's a tough transition using something as subtle as just an examination form. Okay?

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Paul Henny: It's good to know that you're walking our own talk, though. That's heart-rendering.

Yeah. It would be disruptive to say, "Well, I designed these forms, and they suck. I just really wrote them to sell books. I don't use them like that."

Barry Polansky: Exactly. No, I use them, I've been using them, and I think they're the key to a lot of my systems and structures in my practice. But it's not my practice any more, and I understand that. And I'm not going to interfere, but I don't want to be interfered with either, so. We'll work it out.

Allison Watts: Yeah, I can relate to that, Barry.

Paul Henny: Everything about the way we design a practice is deeply personal when you do it this way, so every little thing like that is huge to you, I'm sure.

Barry Polansky: Exactly. Yeah.

Allison Watts: One of the things I really loved that you talked about, Paul, was when we were talking about setting up structures and systems and how to have your team on board.

You talked about having two types of staff meetings. And I've had different types of staff meetings, but I've never looked at it in quite this way. You talked about having a left hemisphere staff meeting and right hemisphere staff meeting. And the left hemisphere meetings would be for numbers and goals and systems and that kind of thing. Production goals, all that. And then those meetings would be held in the office, and then the right hemisphere meetings would be the conversations about vision,

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philosophy, I don't know if there's anything else you want to add.

Paul Henny: Right.

Paul Henny: The left hemisphere meetings, sometimes they're called just staff meetings or hygiene meetings or whatever. They're left hemisphere-oriented meetings, they're really around how are we going to run the systems we've already created? How do we make things more efficiently as designed? They're not intended to change anything. They're designed to run things at an optimal level.

So things that would qualify for that would be your morning huddle, that would qualify, maybe your meeting you have every week or two weeks with your team to check on your production or if you're in budget on supplies or whatever it is. These are objective things that are measurable.

And right hemisphere meetings would be your retreats that you might do once, or two, or three times a year, depending on how you're doing it. They would tend to be off-site. They would tend to be in an environment that doesn't stimulate any thoughts about the current system because they're really about re-development, re-energizing, re-visioning. It's all about using your right, creative mind to think about the bigger picture in a more holistic way.

So you want to keep everybody in that mindset as you're doing things like strategic planning. As you're doing things about re-visiting the vision and the mission. You want to keep everybody in that ... anytime you have a meeting where anybody is being critical of anyone else, it immediately throws them into their left hemisphere in

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defense. So it's a meeting where everything is just positive and supportive. So you have to, in a very conscious way, and that's why a lot of these meetings are better done with facilitators because they're good at that, because we get us a dentist, we always want to get down and get self-critical, you know. And...

Allison Watts: I can relate .

Paul Henny: Facilitators are good at saying, "Paul, will you just shut up and chill?" They're better at that kind of thing.

But yeah, two different kinds of meetings with two completely different intentions. With a deeper understanding of how your brain really works and how to maximize what it is you're trying to accomplish, without getting distracted.

And that's probably why, you said earlier why some dentists have had so much trouble doing this is because they're in it ... they're trying to do both at the same time. And you can't switch from one to the other. The brain functions in a way that really it's one or the other functioning primarily at the same time.

Allison Watts: That makes sense. Yeah, I noticed, too, when I'm working with a new patient and then try to go to something technical, it's hard to transition. It's much easier to stay in that relational mode than to go back and forth.

Paul Henny: A good example, kind of a good sort of experiential example is Csikszentmihalyi book "Flow.". I have experienced flow sometimes when I'm really mentally focused on a really interesting complex, let's say aesthetic, case. And I'm prepping teeth and everything and I'm just completely in another world.

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Or I'm making provisionals, I'm doing something really creative. I'm largely functioning in my right hemisphere at that moment. Everything else is just gone. It's not there. My attention is completely into that moment. And if you do it really well, then you get the reward at the end of that.

So that is one of the cool things about dentistry is we can set up experiences like that on a regular basis where we can experience that. And I think that's really cool.

Allison Watts: Yeah. That is really cool. I love that.

So yeah, I think the last piece, just in the process was to share that vision, your vision and philosophy with your patients and in your marketing. It's basically just woven in the fabric of your practice, everything you do so that people know that's who you are...

Paul Henny: It needs to be felt. But you know what, I had a patient that I did a full-mouth restoration on. Oh gosh, it's been like 12 years ago now. And she's a realtor. And she's become very successful since the time I did that restoration. And she's a very attractive woman, very articulate, originally from California. Just very well-spoken. She's close ... I think she's 70 now. But she looks like she's about 60. And the dentistry definitely helped in that presentation, but historically, she was shy about doing any testimonials or anything like that, but she finally agreed to do a video testimonial, and my friend and partner in some of my consulting work, Stan Kingma, interviewed her, and just one of the things she said, "You know, every time I go in there, I feel loved and supported, and they even have a mission statement."

And I thought "How in the heck is she ... where did she even pick that up?" And I thought, "Well I did have that

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hanging on the wall eight years ago," but she remembered it.

Allison Watts: Huh.

Paul Henny: So we're not conscious of this stuff our patients are picking up around us. Not nearly as much. But when we get more aware of that, more supportive of that, things get more consistent for us. I was talking about that earlier. And it's just so much more fun to work with people like her who truly ... Now we're talking ... isn't it fun to talk to a patient who can express to you how much they appreciate what you did for them 12 years ago? Isn't that a freakin' cool thing? How many people get to do that as a career?

Barry Polansky: I get it every day.

Paul Henny: Yeah.

Allison Watts: Yeah. Uh-huh. Yeah. Awesome.

Barry Polansky: I was gonna say, and again, I'm retiring, and of all the things that I'm gonna miss, is the fact that as I've practiced more and more, I continue to get more and more validated. To say ... what you did was right ... that's probably what I'm going to miss more than anything. The fact that I know what I did was right, and it was recognized.

Paul Henny: Right.

Allison Watts: Well, and I think that brings us back to this whole thing, the function of all of the gifts in it, I don't know, the beauty of it all is ... If we are clear in our philosophy, and we share it, and we take the time to actually ... Well, Paul, the

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Learning Ladder to me is kind of like we learn about our patients and where they are, and then we meet them where they are. We share our philosophy with them, and we learn about their philosophy/beliefs. And they allow us to walk them up that ladder as they learn to trust us, and it just leads to a whole different kind of practice.

Paul Henny: Yeah. You said a key phrase that really wasn't in my lexicon until just a few years ago, and I have re-read Barkley's book where he said ... I stopped at one point ... Barkley had taken notes of all the changes that he made in his practice, and he put them in the back of the book. So in various years, he would say, "Well, This year, we stopped doing this. And this year we implemented that."

And I think it was 1968 or something, he was saying, "I decided to stop telling people my philosophy, and I started to focus on learning what their philosophy was."

And I think if you can make that paradigm shift, you're well on your way down the road to success with this thing. Because you earn the right to be heard with regard to your philosophy a little bit later. You gotta hear them first.

And it may be again that this conversation about beliefs, they may pull up all kinds of crazy distortion and mis-remembrances, but that's where you have to begin. You have to understand the world as they see it and help them maybe by gently challenging them or exposing them to things that maybe cause them to realize that their point of view may not be valid any more without them feeling shame. And working them through that ladder and getting to the point where, "Let me share with you a few things about my philosophy."

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And that might be a year later ... That's one of the things that sort of struck me about Bob Barkley was he thought in different time frames. Just like you said, Costa Rica mañana doesn't mean the same thing. When Bob Barkley ... time was a different paradigm. Time for Bob was two or three years. And he was totally fine with people taking two or three years to get ready. He was totally fine with that. He was focused on understanding where they were to help them keep moving forward. Or if they were stuck, what was it, what could he do to help them continue to make progress. I think those are really key things, too.

Allison Watts: They are.

Barry Polansky: I have two thoughts about when you approach a patient, instead of telling them your philosophy, you listen to them. You've heard about the movie "The Fight Club." You remember that movie?

Paul Henny: Yeah.

Barry Polansky: Remember the first rule of the Fight Club?

Paul Henny: No.

Barry Polansky: The first rule of the Fight Club is we don't talk about the Fight Club.

Paul Henny: Okay.

Barry Polansky: So it's the same thing. When you find yourself talking to a patient about your philosophy, make it a rule. Don't do that. And it's pretty much what you just said.

And the other thing is something that Harold Worth(?) said years ago, which I put in a couple of my books, I thought it was so poignant. Is that how it works is "When I

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was a young dentist, and I wanted people to say, 'Yes' and they said, 'No.' But as I got older and I wanted them to say, 'No,' they said 'Yes.'"

And I think that is the essence of what happens is when you practice a philosophy for so many years, that's the reward you get. And I always looked up to the elders in dentistry, the Pankeys, the Worths(?). I don't even think we see them around anymore. Except two of them are on the phone right now.

Paul Henny: No ... there are a lot of people around that I think share what we're talking about, particularly at the Pankey Institute now. I can think of several people that share this point of view. Mac McDonald just jumps immediately to mind. Don't you think ... Allison?

Allison Watts: Yeah. For sure.

You know what I'd love to do Paul. Would you walk us through the Learning Ladder and how you use it in your practice, and I think we can do that as our closing. The way that you explained it, I really, really appreciate, and I know that you said that you feel like it's your team's job to know where the person is on that and to meet them where they are. Can you walk us through that ladder and how you use it, and just things to move toward as we close?

Paul Henny: Yeah, one of the biggest problems that we dentists have, I think, and I'm not telling this to you Allison or Barry because you know this, but I'm telling this to the people that will hear this after we're dead. They'll find this conversation on the internet somewhere and they'll go, "Who the hell is that?"

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Okay. But they might learn something if they find it. Just like I learned a lot of stuff from a book that's 50 years old now.

But anyway, dentists, because of our training, because of the culture of dental school, we come out thinking that the patients are going to act kind of like they did in dental school. We told them what was wrong, we made them aware of the problem, and we're going to use logic, and they're going to say yes because we got a DDS or almost DDS behind our name.

And so we kind of try to use that same approach, and as I explained to you earlier and probably for all three of us, that was a miserable way to do things. It probably had a 30 to 40 percent success rate approaching people like that.

So the Learning Ladder was a big thing for Bob Barkley. And like we were talking about earlier, he focused on where the person was at. Well obviously, I think this is the main distinction between the way Dr. Pankey practiced later on and in his career when he became well-known and people from all over the place came down to be restored by him versus Bob Barkley, who practiced in Macomb, it was not a prosperous ... farm community and small university there. Most people were not health-centered. Most people were more akin to New Castle, Kentucky where Dr. Pankey had originally come from than they were to Coral Gables.

So Bob Barkley had to figure out a way to take people who were completely unaware, and probably very unclear about what their beliefs and values were even, take those

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people on and up to a point where eventually they would say yes to the right kind of decisions.

So I don't know ... he probably got the Learning Ladder from somebody else, but he uses it, and essentially it's a matter of taking the patient from unawareness to awareness. And this is all done through his codiscovery method, so this is how you make this progression, so you go from unawareness to awareness, and that's not a matter of show, tell, do, that's all through experiential learning. It's through self-learning, that's really where people start to get motivated, where they start to feel what they're learning is relevant. So once they become aware and when their learning starts to become relevant, then they start to have a change in attitude about this issue in their life that either may be new or it may be an issue that they now understand in a different sort of way.

So there's a change in attitude, and our role at that point is to help them work through how they feel about that. Is it important? You're starting the process of value clarification, like you said, Allison. And then the next phase is moving from this new awareness, this change in attitude to it becoming a belief.

So a belief as we were talking about very earlier, a belief is an idea with other associations in your memory associated with it, that you're going to grab onto tentatively. You're going to maybe start to believe for the first time that you could have an attractive smile that would be healthy and stable for the rest of your life, something you never really thought about it. You thought you were going to have your mom's mouth or your dad's mouth or you were going to lose all your teeth by the time you were 50.

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And you get this tentative new belief that's like, "Well, maybe that doesn't need to be my future. But I'm not sure yet. I'm not sure I can trust Barry. Or I'm not sure I can trust Allison to help me with this, but let me see. Let me hang around this place for a little bit and see."

And over time, if the practice is supportive of that and sensitive to that, then that belief starts to get stronger. And their self-interest in resolving the problem grows to the point where it starts to become a value. The patient clings on to it. It starts to take a higher priority in their life. And it becomes what Barkley used to say, it becomes activated. They start to want to do something about it.

So all of that is really codiscovery. We talked in our earlier conversation, Allison, about how the new patient energy, there's a point at which it begins, but it never ends. So this is all part of that. The interview's still going on. You're still helping them work through their beliefs. You're working them toward maybe trusting you enough to let you help them. Because in the past they've been just horrified or terrified of having that kind of dental ... anybody like that in their mouth, for that long of time, or for that much money, that is so far outside their paradigm they can hardly get their head around it.

So that value becomes activated to the point where it becomes a commitment, and then again, the care team's role it to support them as they make that commitment. A commitment is a sustained effort behind a value that they want to support. And that commitment then just becomes an action, and then you help them through that process. And I think one of the things that we all do well, actually I'm the only one who does it well because both of you are

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retired, which I think is great. But I'm just talking for myself. Let's just get real, I'm the only real dentist left. No.

Allison Watts: No, there's a few other ones on the line. There's a few others on the line.

Paul Henny: Oh okay. Alright. Just joking.

But that's kind of the process. Using codiscovery and just a continuous conversation over time with them to help them clarify and support them all the way through that process, and what I was going to say ... Every little step ... Tomorrow morning, I'm going to do eight upper interior units. And I'm gonna make sure that those provisionals are so nice that when she leaves tomorrow morning around noon, she's gonna think, "Oh my God. I had no idea this was going to be this good."

Where I'm ... She put her faith and trust in me. She's going to put it on the line tomorrow morning starting eight o'clock, and when she leaves the office at noon, I'm going to validate her belief. I'm going to validate her commitment in me was the right decision. And so you can kind of see how this is a progression. And that you're still kind of building on the belief, even though you're in the middle of the case ... and when something goes wrong. When you're in the middle of a process and maybe you gotta do one more crown, or you need a root canal or an implant is failing. All that success relies on the trust that you built up. And so that process helps to buffer you when inevitably, things take a left turn for a moment. And it doesn't destroy the relationship because they believe in you. They believe in the outcome and they're willing to support you as you work through the nuances of solving it.

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That's really important, too.

Allison Watts: I love that. I love the part about ... It feels like you're saying to them in the very beginning, "Here's what we stand for. You can count on me for this." And then you prove it a little bit. And then they trust you a little bit. And you prove it a little bit more, and then they trust you a little bit more. And then you prove it a little bit more ... It's just walking them up a ladder, just like you said. I love the way you described it.

Paul Henny: It is! It probably starts soon at some point in the hygiene suite. With a hygienist that's been behaviorally-trained and is good at connecting with people, and she's saying, "You know. Really. Dr. Henny really is good. You can rest easy here. He's really going to take care of you. You'd be amazed at how good he is and how comfortable it is. I know you're apprehensive about getting shots and this and that. He's really good at that."

All those little touch points that just sort of strengthen that leap. And they walk closer and closer to the point of making the commitment. And that might be in a Bob Barkley timeframe. That might be in a year or two. But it might be rather immediate if they're real clear when they came in. It just depends on who the person is.

So it comes back to what is their philosophy, where are they on that Learning Ladder, how ready are they, do they have some issues they've gotta work through, whether it's fear or finances or just situational with their life. And I think we've gotta be really sensitive to all of that so we can be more effective with people so that we're ready when they're ready. You know?

Allison Watts: Yeah.

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Oh my goodness. There's a lot of gold here, and I think we could go on for a long time.

Barry Polansky: My yoga brain is kicking in, Allison. You know how that works on Wednesday nights.

Allison Watts: Yeah. Awesome. I, Paul, I think we should close, and I wonder if anybody has any questions or anything they want to add, or Paul, if there's anything you want to say.

Paul Henny: I did. I had this little quote on my desk. I thought I was going to try to slip it in here when I got a chance. This might be a good time to add it in.

Bob Barkley developed codiscovery with Nate Kohn, Ph.D., and Nate Kohn kind of helped him develop the method and what he called ... part of the process Nate called introspective diagnosis. In other words, it was self-discovery. And so this is a quote related to that. And Nate is talking to Bob in this quote.

He says, "Bob, you're trying to tell people what they want, and if you want people to do things, then you want to get them to think. Because it is only through thinking that they will change any of their ideas. You have to get them to introspect."

Isn't that a great quote?

Barry Polansky: Yeah.

Allison Watts: That's a great quote. And I would even add, think and feel.

Paul Henny: Yeah. It's just fascinating to me that Barkley was functioning on that level at that time. It just blows my mind the more I learn about it, and there's so much more that

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we can learn from that. And that's really where the game is played. It's helping people to think. And that was a chapter in Bob's book. So that's a good thing to end on, I think.

Allison Watts: Yeah, and you know what? I just want to say, Paul, I really appreciate, I appreciate everybody on this call and everybody's input. Barry, you've given a lot of beautiful insight. Paul, I love, both of you actually I know are very much studiers of humans and dentistry, and I just appreciate that about you, and I appreciate that you study it and then you bring it and share with others. It's beautiful, and I really, really appreciate it.

Barry Polansky: Thank you.

Paul Henny: My pleasure. My pleasure.

Allison Watts: Yeah. Yeah. Thank you.

So I'm sure we'll have another time again, Paul, to talk about something wonderful. And Barry, you, too.

Barry Polansky: Yep.

Allison Watts: And thank you guys for being on so late and thank you to those of you who stayed on. It was a very rich conversation, and it's always a joy for me to be with people who are like-minded and always wanting to be better and do better for their patients. So I could do this all day.

Paul Henny: Yeah, you could probably do this all day in a hammock under a palm tree.

Barry Polansky: Yeah, really.

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Allison Watts: Yeah.

Barry Polansky: Thank you as you go back to the beach.

Allison Watts: Thank you. Okay, guys, thanks so much. Have a great night everybody.

(Music)

Paul Henny: Alright.

Barry Polansky: Alright, good night. Thank you.

Allison Watts: Take care. Good night. Thank you. Good night.

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