

## Teamwork, Relationships and Personality

A team may be accurately defined as: a group of *independent* people working *interdependently* for the good of the practice and ultimately its patients. *Independent* people take responsibility for all of the work that they do and never blame circumstances, teammates, patients or others for problems that arise with regard to their work. *Interdependent* teammates work hand-in-hand to support each other's work, never losing sight of their own individual responsibilities. Are your employees a team?

To definitively answer this question, fill out the team belief systems evaluation below. Make copies of it and give one to every employee and doctor. Have them fill it out, completely evaluating their belief systems about their teamwork and answering the questions to determine what must be done to improve team morale and effectiveness.

<b>Check off whether your Belief Systems about TEAMWORK are either:</b>	<b>Strong</b>	<b>Moderate</b>	<b>Weak</b>
I consider all of the employees of my practice as part of my work team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am good at supporting the work of my teammates in thought and deed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I allow my teammates to support the work I do and appreciate it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not make negative comments about my teammates when they are not present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What would it take, for your practice to have an even stronger practice team? _____ _____			
Are you willing to do what it would take to build a stronger practice team?" _____ _____			

Next, schedule a staff meeting of about one hour to review the evaluation worksheets, and plan a course of action to implement attitudes and procedures that are stimulated by your answers above. Then ask each team member to make a commitment to do what it takes to make your team more effective, harmonious and fun!

### Are the Doctor and Practice Coordinators *Strong Team Leaders*?

Being an orthodontist means more than just straightening teeth, it also means being a team leader. For a practice to survive today the doctor must take full control and lead it in a direction that makes it successful. This is accomplished by providing the patient with exceptional service, which requires the practice to have a strong team leader. There's no sure-fire criteria for defining a team leader, but one of the best so far seems to start with Dr. Stephen R. Covey's *Seven Habits of Highly Effective People*.<sup>1</sup> An orthodontist/team-leader and a team who practices these seven habits will lead their practice to its ultimate success in the service of its patients.

Dr. Covey's obvious, yet well-orchestrated habits are a key to practice leadership and success. These habits not only apply to the doctor, but also to the staff. Dr. Covey's first three habits define character skills, while the final four habits define communication skills. The character habits help you to define, visualize, and attain your practice Mission Statement, which boils down to "Providing the Patient with an Exceptional Service". The communication skills help you to interdependently work as a team to be effective and productive. The first three habits of highly effective doctors and staff are:

- ❶ "I must take responsibility for my life."
- ❷ "I must first visualize and then attain my goals."
- ❸ "I must put first things first."

❶ ***"I must take responsibility for my life."*** According to Dr. Covey there are three types of people: dependent, independent and interdependent. Those of us who are dependent don't take full responsibility for our lives, typically blaming circumstances beyond our control for our lack of accomplishment – this is a stage we all go through and must get past. Those of us who are independent take responsibility for our actions and don't blame circumstances when we are not successful – this is a stage we must all attain when working alone. Those of us who are interdependent rely on each other to do our parts when working together, for example, when assisting the doctor with patient treatment. Thus, when working alone we work independently making our decisions and

attaining our results without relying on others or circumstances to dictate our results. And when working with others we take responsibility for our part, adapt it to enhance the work of the others involved, and attain the results that are best for all involved, especially the patient. For example, when assisting the doctor at the chair the assistant must do what supports the work of the doctor and the doctor must do what supports the work of the assistant no matter how menial the task. We all act dependently, independently and interdependently from time to time, but we have a natural preference for one or more of these states, depending on our personality strengths, as shown in the table below. Thus, we all have a natural affinity to take responsibility for our lives or not as this table implies. As you may remember from previous articles in this series, we all have four personality styles of varying strengths, with one style being our *strongest* (used the most).<sup>2</sup> As a quick review, each style has a *purpose* and attributes to support that purpose:

- ANALYZER: To “unerringly proceed”
- DIRECTOR: To “attain results”
- RELATOR: To “maintain relationships”
- SOCIALIZERS: To “attract others”

Reflect on the above definitions and determine your strongest style before continuing! In general, dependence, independence and interdependence are not naturally suited to all of the four personality styles. Each has its potential strengths and weaknesses as indicated in Table 1 below.

STYLE	Dependent	Independent	Interdependent
<b>Analyzer</b>	strong	moderate	moderate
<b>Director</b>	weak	strong	weak
<b>Relator</b>	strong	weak	strong
<b>Socializer</b>	weak	moderate	weak

**Table  
1**

② *"I must first visualize and then attain my results."* In Dr. Covey's book this refers to setting the Mission Statement for our lives and attaining it. For our practices this habit makes us focus on The Purpose of the Practice, which is "To Serve Its Patients." Thus, the doctor and staff must be able to visualize the practice as actually providing an exceptional service and must be on a quest to operate the practice in such a manner as to achieve that vision. This also applies to day-to-day activities, for example, having the TC visualize the patient as already started so that she can proceed with getting them started. Like the first habit, this habit also has genetic tendencies: directors are strong at, and analyzers, relators and socializers are weak, at visualizing and attaining their goals.

③ *"I must put first things first."* This refers to not being penny-wise and pound-foolish. We must do what is important, that which helps us to attain our visualized results, instead of what is urgent, that which gets in the way of our visualized results. For example, the doctor should see the patients on schedule, which is important, instead of answering the phone, which is urgent. Chairside assistants must work on scheduled patients who cooperate instead of cleaning up emergency patients or broken appliances, which is urgent. Also, doctors must delegate all work that gets in the way of providing exceptional service. For example, the doctor must not do urgent work like Ceph tracing or playing with their computer system, when he or she should be doing important work like designing and working on the financing for much needed office renovation. This habit also has genetic tendencies: directors are moderate, and analyzers, relators and socializers are weak, at putting first things first. Thus, this is not an easy habit for anyone to establish, but it is important to establish it if we are to succeed!

The last four habits on effective communication are established once the first three are in place:

- ④ I must think win-win or no deal.
- ⑤ I must first seek to understand others and then to be understood by them.
- ⑥ We must interdependently arrive at a solution that is greater than one proposed by any individual.
- ⑦ I must develop worthwhile habits and also keep my body and mind in healthy condition.

④ **"I must think win-win or no deal."** In an orthodontic practice, both parties involved must win or both will eventually lose. For example, a practice must provide an exceptional service and treatment and the patient must pay for it according to a financial arrangement that they accept as adequate. Should this relationship deteriorate, the practice and patient must arrive at a mutually beneficial solution or the patient must go elsewhere. Win-win or no deal also applies to staff, who must know exactly what they are responsible for and be satisfied with their compensation for doing it. Should this relationship deteriorate, the doctor and staff member must arrive at a mutually beneficial solution or the staff member must go elsewhere. Indecisive, dependent thinking makes a win-win situation impossible and must be avoided. Our genetic tendency is: the analyzers and socializers are moderate, and the directors and relators are weak, at attaining win-win or no deal solutions.

⑤ **"I must first seek to understand and then to be understood."** Lets face it, we want others to know where we are coming from before we are willing to listen to where they are coming from, which causes conflict in communication. But if we listen first, and then explain, we can adapt our explanation in terms of what we understood about the other person, making them more accepting of what we have to say. Our genetic tendency is: analyzers are strong, relators are moderate, and directors and socializers are weak, at first understanding and then being understood.

⑥ **"WE must interdependently work together to arrive at a solution greater than any individual can attain."** To do this we must have habits ④ and ⑤ in place or we won't have a win-win situation and we won't bother to listen to each other to find out everyone's possible solutions. For example, a patient with a cooperation problem who is listened to, instead of lectured to, will give valuable information on what is causing the problem and a win-win solution can be found that allows the patient to cooperate. Our genetic tendencies to embrace this habit are: analyzers are moderately strong, relators and socializers are moderately weak, and directors are weak, at arriving at solutions beneficial to all.

⑦ **"I must develop worthwhile habits and also keep my body and mind in healthy condition."** It is not easy to develop worthwhile habits – change is stressful but we cannot progress without change. We must eat well and exercise and we must resist our natural tendencies not to change. Basically: directors and socializers are moderate at, and analyzers and relators are weak, at making changes.

It isn't easy to change our nature and develop these habits to become effective team leaders and team members, but we must. It also helps to have *positive belief systems* about our ability to attain these habits. We must believe that:

- 🌀 I am a person who can take responsibility for my life and work interdependently with others.
- 🌀 I am a person who can visualize and attain my ultimate future in the service of others.
- 🌀 I am a person who will not waste time on urgent matters that get in the way of important matters.
- 🌀 I am a person who wants a win-win solution for all, for if not there is no reason to pursue a solution.
- 🌀 I am a person who will understand others first and then help others to understand me.
- 🌀 I am a person who will work interdependently with others to arrive at the best solution for all.
- 🌀 I am a person who will establish the necessary habits to be the best person I can be for myself and all who I meet.

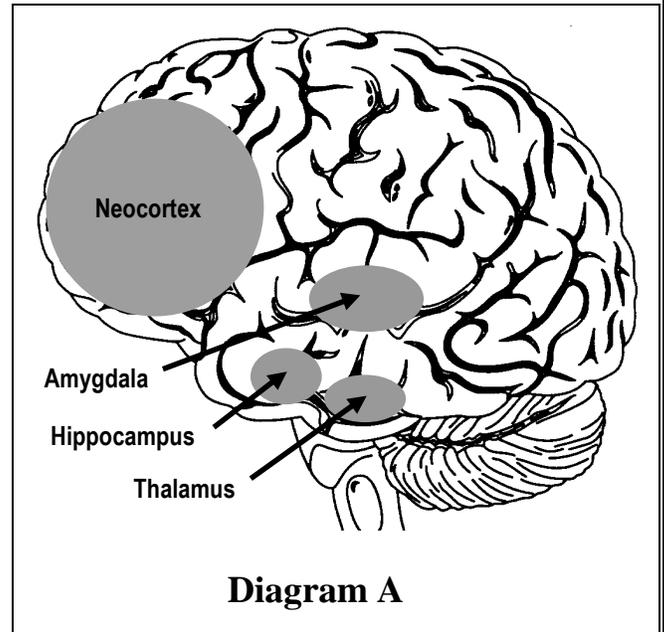
Once the doctor has established all seven habits of highly effective people and once he or she can maintain the above belief systems, he or she will be an ideal team leader. And once every staff team member embraces the seven habits and above belief systems they will guarantee the practice's success in giving the patient an exceptional service that they want more of and that they want to tell their friends about!

## Relationships and Teamwork

The American Heritage Dictionary defines relationship as: "The condition or fact of being related, connection or associated." The key word here is connected. Either we are solidly connected to someone, as in a telephone connection, or we are disconnected – we or they have hung up! And most of us hang up because we are hung up on whatever has disconnected us. There is a simple fact about relationships that is always true, we are either in relationship with another person or we are not. If we are in relationship with someone, we share a wonderful

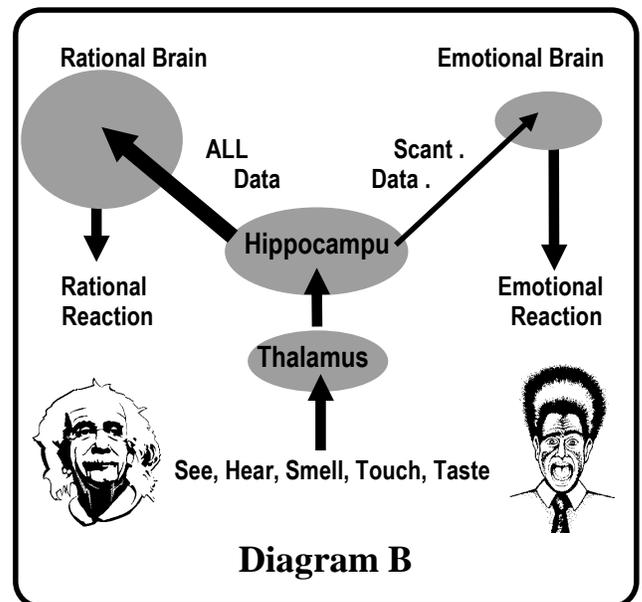
feeling of kinship and community, but if we are not, we feel at odds with them and try to justify why. And in justifying why, we stay out of relationship with them.

In order to understand relationships we have to understand our reactions, which enhance or detract from our relationships. And in order to understand reactions, we need to understand that we have *emotional and rational reactions, which come from our rational and emotional brains.* (See Diagram A.) We have an emotional brain (the amygdala), which gives us emotional reactions, and a rational brain (the neocortex), which gives us rational reactions. Emotional reactions have nothing to do with rational thinking, they manifest themselves in the form of *body preparedness*. Emotional reactions are just that, the display of emotions such as love, joy, anger, fear, sorrow, hatred and their derivatives. Emotions are a way in which we deal with life's ups and downs. When we are attacked we can either react in fear and flee, or react in anger and fight. The amygdala receives a *quick, but incomplete* sensory data pattern from the thalamus, which it matches with patterns stored in the amygdala. When this matches a learned pattern stored in the amygdala (which might be called an emotional memory or an emotional belief system), we react with the emotion attached to that stored pattern.

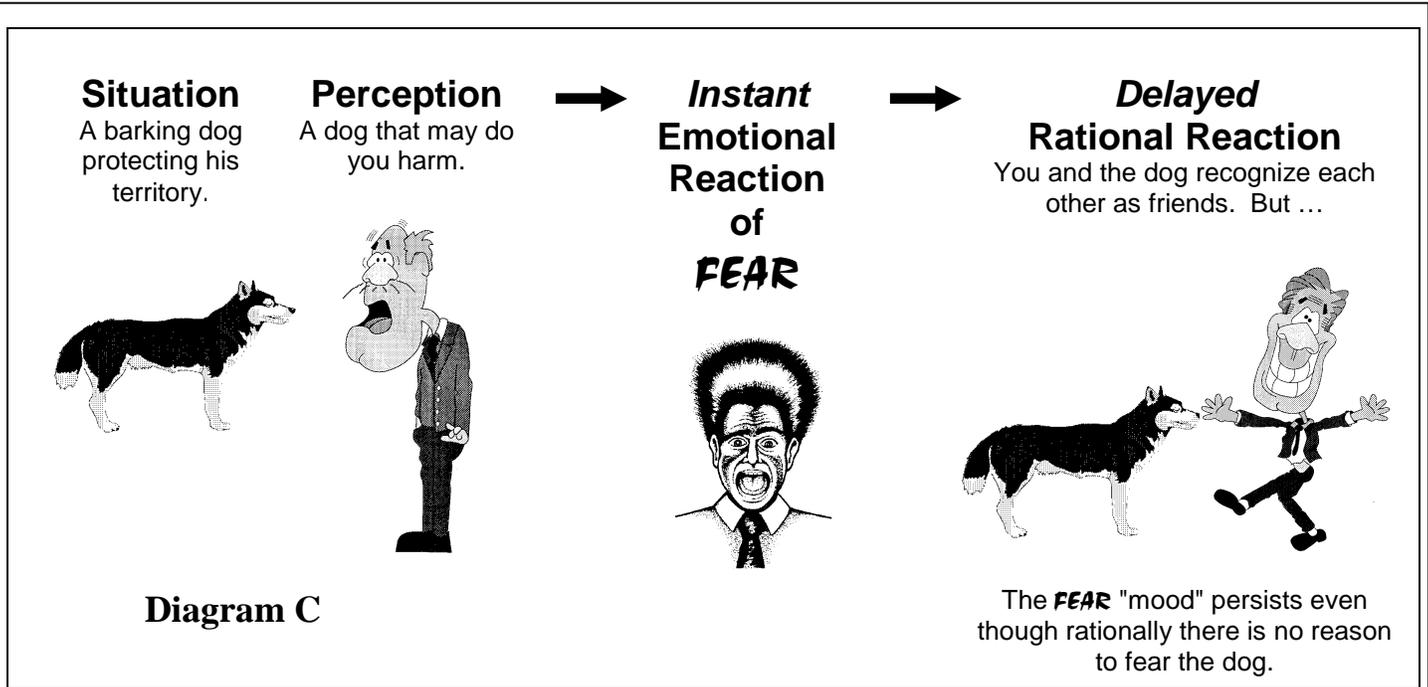


Rational reactions require thinking, which is the use of the neocortex to match memory (belief systems stored in the hippocampus) with the current stimuli being received by the senses through the thalamus. Our rational belief systems are neural patterns of everything we have ever perceived with our senses. They are our knowledge, our memory. Once the neocortex makes a match between a *complete* pattern of sensory data and a rational pattern stored in the hippocampus, the neocortex appropriately reacts to the situation using the analyzer, director, relator or socializer style. Some belief systems have a strong connection to a particular style and some don't. When they don't, we typically react with our strongest styles.

To understand relationships, we need to understand the following about the emotional and rational brains. (Refer to Diagram B.) The emotional brain is incapable of rational thought, only emotional body preparedness. The belief systems stored in the emotional brain are formed mostly in childhood, although many other are formed throughout our lives. The emotional brain reacts within milliseconds using only a fraction of the stimuli that the rational brain takes hundreds of milliseconds to react to. The rational brain is also capable of emotional reactions, called *rational-emotional reactions*, which are produced by the emotional brain when it receives a signal from the neocortex to produce that emotion.

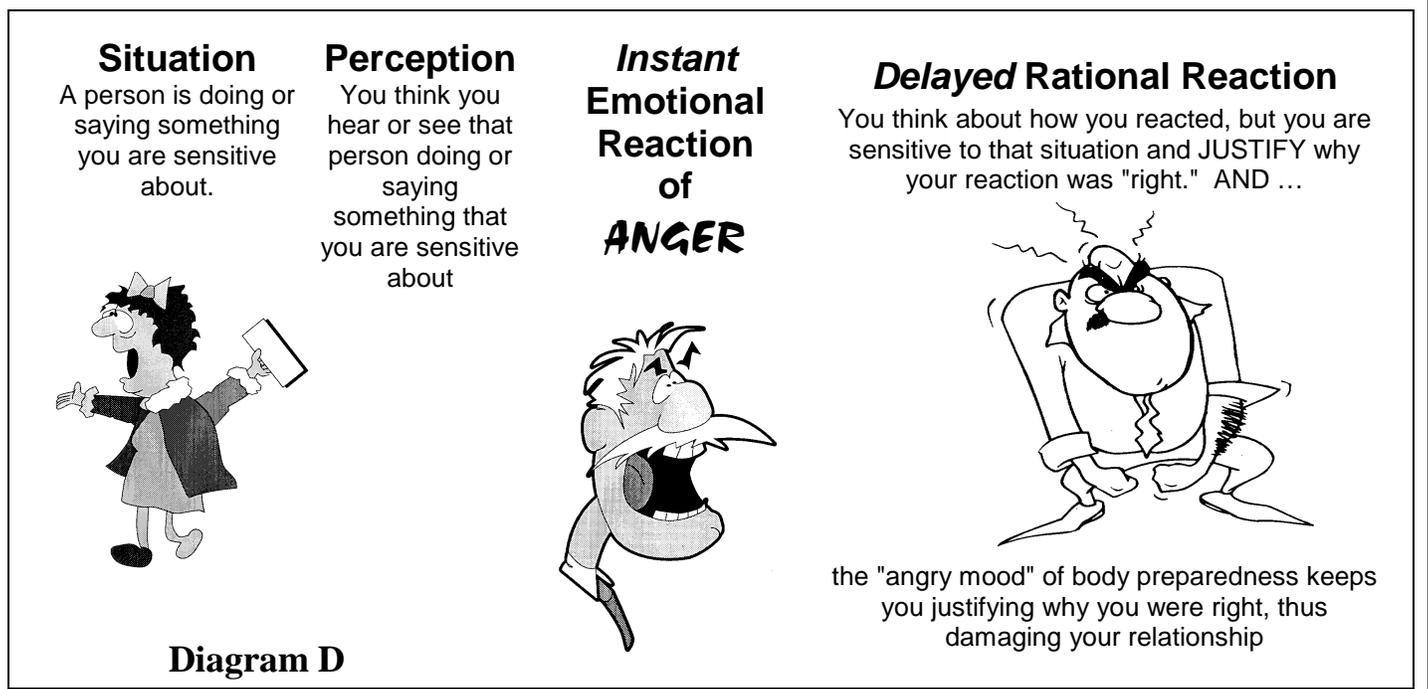


So where does this leave us, relative to relationships? The answer is obvious! When we interact with others, we are reacting, both emotionally and rationally. Many of the emotions we display are *rational* emotions, produced by rational consideration. But pure *emotional outbursts* are not rationally considered, they are instantaneous, they are out of our control, and they can destroy our relationships. For a simple demonstration of how our emotional reactions can deceive us, before we can even think about it – refer to the Diagram C



The fact that emotional reactions always precede rational reactions, and the fact that most emotional reactions are negative (anger, fear, hatred and sorrow), and few are positive (love and joy), gives us a high probability that we will emotionally react negatively to others. We have no choice but to irrationally react, since our emotional reactions are automatic, based on experiences, and occur in milliseconds, before we have a chance to rationally think about them, which takes hundreds of milliseconds. After we think about the negative reaction we have had, we wish that it had never occurred, but it is too late, the damage is done! But the damage can be minimized if we avoid the more damaging justification that accompanies irrational emotional reactions.

Diagram D depicts how we automatically get out of relationship with others. We become at odds with another when we feel that he or she has done something that goes against our beliefs, or that invalidates us or those we are close to. An innocent remark is made that we emotionally perceive as a threat. This causes the emotional brain to instantly react with a negative emotion, for example, anger, as shown in the diagram below. The anger emotion causes our body to prepare for a fight by pumping hormones and other anger-related substances into our brain and extremities. This body preparedness sets an emotional mood of anger that persists



even after we have rationally determined that we are not being attacked. Unfortunately, we have reacted to this sensory input in the past and have *justification* for our anger. But this has little if anything to do with the present and only prolongs our being out of relationship. And this episode will repeat itself repeatedly unless we do something about it.

Fortunately, emotional belief systems that trigger negative emotional outbursts are learned. Thus, they can be unlearned, or at least left to atrophy with non-use. This can be accomplished by NOT justifying their use. When we have an emotional outburst, we automatically justify it, at least for a few seconds, because of our emotional mood. But after that, we can clear it from our mind and not reinforce it. And the less we reinforce it, with each emotional reaction, the weaker we make this emotional belief system. With time, we may eventually replace this negative belief system with a positive emotional belief system that makes us quickly support the other person.

For emotional reactions based on childhood trauma, this non-justification technique will help, but you will also need professional help to replace or reduce the effects of that emotional belief system. But for the run-of-the-mill emotional outbursts, non-justification will help immensely. With time this will improve your relationships with others by not promoting the negative mood, if not the negative reaction itself.

## INVALIDATION, the Primary Reason for *Being Out of Relationship*

*Validation* is not a commonly used term like respecting, stroking, praising or empowering, but it gets to the heart of the matter when discussing team harmony. Nothing gives the receiver of validation more pleasure than to be recognized for their value, and nothing gives the bestower of validation more pleasure than to truly appreciate the value of another. When our worth is recognized through validation we feel good about ourselves and the work we do, making us want to do even better to earn that praise. But unfortunately, we don't always get the validation we deserve, or worse, we get invalidation instead.

*Invalidation* is a downer! It is any remark or action that creates disharmony in a practice, makes people less effective and productive, and makes their work unpleasant. Invalidation can be as devastating as being told in no uncertain terms how badly we messed up or it can be as subtle as an upward roll of the eyes or a smirk. Invalidating remarks and actions are messages to others that we are not perfectly happy with them and that they should do something about it. Invalidating remarks and actions are self-gratifying and self-serving for the bestower, although we sometimes delude ourselves into thinking that we are doing it for the other person's benefit. Make no mistake, when we make an invalidating remark we degrade the other person – always! There are no, helpful invalidating remarks! For example: a team member is ineffective because she all-too-often stays out late at night socializing, which causes another team member to make the *helpful* remark, "Well, if you would just get some sleep instead of staying out all night, you'd be more alert and wouldn't make as many mistakes!" Even though the invalidating remark seems well intended, it only serves the needs of the person making the remark, who dislikes working with someone she cannot rely on.

Invalidation has a major effect on our relationships. It can be as subtle as an upward roll of the eyes or it can be as devastating as being told in no uncertain terms how badly we messed up. Most of the time we don't realize that we have invalidated someone until they confront us with it, which is rare. We all have a genetic potential to invalidate or be invalidated, depending on our naturally strongest rational style. The Table-2 shows that people strongest in the director or analyzer style easily invalidate others, while people strongest in the analyzer and relator styles are easily invalidated by others. Fortunately, our strongest styles only give us the potential to invalidate or be invalidated: we can avoid much of this if we are aware and not distressed. If we are naturally strongest in the director or analyzer style, we must be aware of our potential to invalidate others, especially others strongest in the relator or analyzer style. Strong directors invalidate others through their dismissing demeanor and derogatory remarks.

Style's ability to 	Easily Invalidate Others	Is easily Invalidated by Others
Analyzer	YES	YES
Director	YES	NO
Relator	NO	YES
Socializer	NO	NO

**Table 2**

Analyzers invalidate others with their strong opinions on how to do things, instead of accepting and acknowledging others for how they do things. There is an axiom that directors and analyzers (and probably all of us) can benefit from: "If I am not acknowledging the people I am with, then I am probably invalidating them." Another way to say this is "If I am using my task-oriented styles I am probably invalidating others; if I am using my people-oriented styles, I am probably acknowledging them. By acknowledging others, we place value on what they say and do instead of telling them "our way". For example, if we are working with people who could do better we can invalidate them by stating what they did wrong and tell them how to do it right—or we can acknowledge them for what they do well and ask them how they might transfer those skills over to their new tasks. When using our people-oriented relator style we naturally acknowledge others and should disconnection occur, we are sensitive to it and try to reconnect. When using our people-oriented socializer style, we are sometimes insensitive or make thoughtless remarks that invalidate and disconnect us from others.

But this doesn't have to be the case. When we analyzers and directors are with people and our results are not pressing, then we should enjoy the people and put the result aside. If you are a strong director or analyzer, appreciate what is going on around you for what it is. The situation need not require a result, in thought or deed, but it does require the recognition of those around you for what they are and what they do. Make what they are and everything they do important to you at that moment. Don't fall pray to your tendency to find fault or imperfection with them, it just makes you and them unhappy and gets you out of relationship. To validate others, don't compete with them. Don't try to top them with a story or whatever, just appreciate the good feeling you get by being in relationship. This feeling is even more rewarding when you *do* have a story that will top theirs, but you hold it back to appreciate theirs. It is much more rewarding for all involved to be in relationship than it is to be top dog for a minute.

We all have an obvious genetic potential to validate or invalidate others, and conversely, we all have a genetic potential to be validated or invalidated by others, depending on our strongest style. From the chart above and from experience we know that directors invalidate us all-to-easily. And those of us who work with strong analyzers know the sting of invalidation. In contrast, we all are aware of the strong validation we get from relators and from socializers. But we must also realize that our strongest styles only give us the potential to naturally validate or invalidate others – intention is quite another matter. Validation, although weak in the director style and moderately weak in the analyzer style, can be increased if we are aware of when and how we invalidate others and try to avoid it, especially with those who are easily invalidated like relators and analyzers. It also helps to be aware of when and how we validate others, and do it much more often.

So what can we do about our own potential for validating and invalidating others to improve team harmony? First, we have to realize that invalidation potential is just a daily possibility and not a daily necessity. Directors and analyzers don't spend their entire day actively invalidating others. In fact, most of the time they are unaware that they are doing it. Most of this invalidation comes from the director's dismissing demeanor, which puts others down by ignoring them. There is an important rule that all directors should abide by: ***"If I am not actively validating the person I am with, then I am probably invalidating them."***

Similarly, relators don't spend their entire day actively looking for ways to BE invalidated, quite the opposite, since they concentrate on the positive aspects of relationships. Likewise, analyzers don't spend their entire day looking for ways to be invalidated, but they unfortunately do find many more reasons to be invalidated than do relators. But no matter how much or how little invalidation exists daily, it always causes team disharmony, which we can significantly diminish if we are AWARE of our own potential to invalidate others or to be invalidated by others.

Invalidation also comes in the form of strong negative emotional energy, which attacks our self-esteem. Directors emit large amounts of negative emotional energy when they are angry and smaller amounts when they are annoyed. This negative energy is obvious and is no less than a slap in the face, invalidating us. Analyzers also emit negative emotional energy when they are upset. Thus, invalidation can be combated by reducing our cold negative emotional energy, or better, by emitting warm positive emotional energy instead.

We directors and analyzers must be aware that we can be toxic invalidators, especially with relators and other analyzers, and must go out of our way to replace invalidation with validation. For example, if you are a doctor

who is upset with the performance of an assistant who you know could do better, you can invalidate her by mentioning everything that she did wrong and then tell her how to do it right – this invalidates her! You can instead: mention related work that she does well; ask her how she might transfer over those skills to improve on the other work that she doesn't do as well; and finally, offer your time and expertise to help her make that transition – this validates her!

Team harmony can also be improved if we analyzers make it a point to stop being invalidated by others. We must have more respect for the excellent work we do and not let anybody, including ourselves, put it down. We must value ourselves and encourage others to do the same by being proud of what we do and showing it by not hedging about its value. We must consider ourselves to be a very important part of the practice, not because we are irreplaceable, but because we do our job as well as it can be done and are an asset to the practice. If we value ourselves and show it, then others will value us too. But this is hard to do no matter what we think of ourselves, when we are actually being invalidated by others – and the only way to deal with this inevitability is to confront that invalidation.

Analyzers, and especially relators, must recognize obvious invalidation by others and ask for clarification of the automatic, invalidating remark. If relators and analyzers do this often enough, the invalidating remarks of strong directors and analyzers can be made less-automatic, since the invalidator will realize that he or she can no longer get away with unthinking, off-the-cuff remarks that invalidate others. Now this sounds great and it works, but relators find it difficult to confront the invalidator's remarks. But they must try! If not for their own good, than for the harmony of the team. Likewise, analyzers also tend to shy away from invalidating remarks aimed at them, typically finding a shred of truth in the remarks, which makes them feel too embarrassed or guilty to confront and qualify the invalidating remark. But avoiding confrontation and shying away will not stop others from invalidating us and reducing our self esteem, which the invalidator really doesn't want to do, but is naturally inclined to do.

Once the invalidated person has confronted the invalidator on their remark the invalidator must explain themselves, which is typically difficult to do, embarrasses the invalidator, and makes him or her think twice about making another invalidating remark in the future. With time and constant challenging of the invalidating remarks the invalidator will eventually learn not to make those remarks, creating less disharmony among team members.

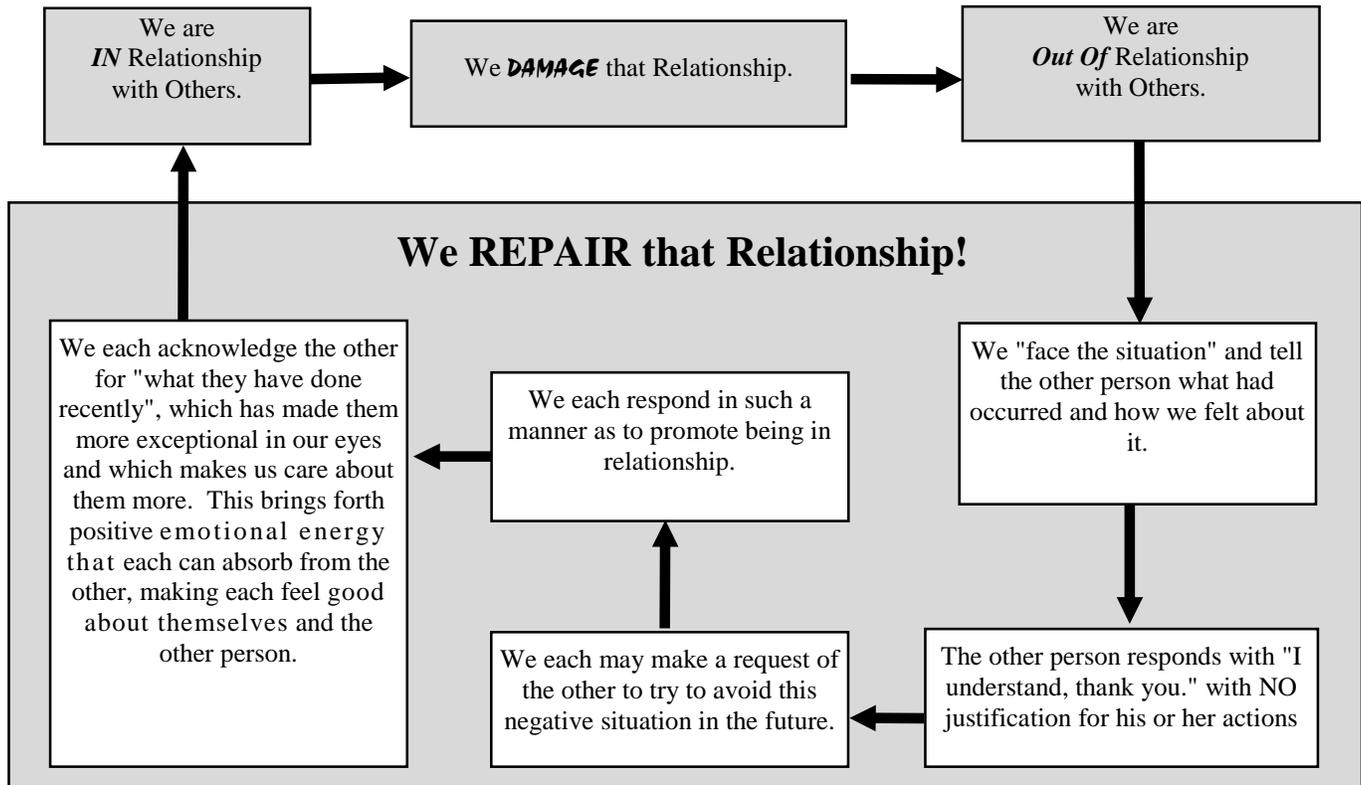
Besides confronting invalidating remarks, we can fight invalidation and promote validation in another way, through positive belief systems about those we deal with. If we maintain positive belief systems about others we will automatically react to them with positive comments instead of a negative ones. For example, if we have the negative belief system about a team member named Jane that, "Jane is incompetent!" then no matter what Jane does we will interpret it in a negative manner. And, if we are a potentially strong invalidator, we will make an invalidating remark about Jane whenever she does anything we are not perfectly happy with. Conversely, if we have the belief system that, "Jane does excellent work!", then no matter what Jane does we will interpret it in a positive manner and make positive, validating remarks to Jane, giving her the benefit of the doubt when we are not totally satisfied with her performance. This will help her to improve and live up to our validating remarks. Belief systems are very powerful and if we establish positive ones about our team mates, then we will be able to validate them instead of invalidating them.

## Repairing Relationships

There are two ways of being out of relationship: 1) we know we are; and, 2) we don't know we are. We KNOW we are when we emotionally react negatively, or when we negatively react to another person's reaction. We don't know that we are out of relationship with others when we unknowingly invalidate them. This is why directors and analyzers become out of relationship with others and don't even know it.

There are two ways of re-establishing relationships: immediately and periodically. Immediate repair is necessary when there is an emotional outburst and both parties are aware. To immediately repair a damaged relationship you must part for a few minutes to allow the physical emotional *mood* to pass, making sure not to justify your emotional reaction in the interim. Next you must get back together with that person, smile sincerely, and apologize for your reaction. No rationalization is needed for the apology, just a simple "I apologize." or "I'm sorry." will do.

Periodic repair is required when immediate repair is not possible, or when the invalidating person is unaware that they are out of relationship with the person that they invalidated. This requires daily maintenance, which is difficult to schedule. Thus, it is best to have a weekly maintenance program that you follow every week on a specific day, at a specific time. When at work, this can be scheduled as a weekly staff meeting. When at home, this might be a Sunday morning when the entire family is together. Please note, if you do not have a specific time and place to repair your relationships each week you will be out of relationship and miserable until you get past it and get back in relationship.



Getting past upsetting situations that destroy relationships is a simple process, which is probably why it is so effective. All we need to do is allow the other person to tell us when we went out of relationship with them and how they felt about it, and then simply say to them "I understand." They must not try to understand and explain the reason for the situation; they just have to state that it occurred and that it made them upset. We must not try to justify or explain our reaction, but just concede that it occurred.

Once we have repaired the relationship, we need a little more *glue* to hold it together until next week's meeting. This glue is the positive emotional energy created through acknowledgment of each other. This acknowledgment and the positive emotional energy it creates makes your practice a wonderful place to work in and treat your patients, who will share in and reflect back that positive emotional energy. And wouldn't that be a wonderful feeling to take back home to your family, who you are also in positive relationship with?

If you desire, you may have the master of relationships, Sonny Elliott, work with your practice to help you to get into, and stay in, relationship, using his very successful in-office programs.

## References:

- 1 *The Seven Habits of Highly Effective People*, by Dr. Steven Covey (Fireside, 1989)
- 2 *The One-Second Personality*, by Dr. Dean C. Bellavia (order directly from Dr. Bellavia)
- 3 *Emotional Intelligence*, by Dr. Daniel Goleman (Bantam, 1995)