EMOTIONAL EMERGENCY HANDBOOK

The Diminutive Dental Digest of Difficult Discussions and Dilemmas

Kimberly Harms D.D.S.
and Hillary Becchetti J.D.

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Emotional Emergency Handbook:
The Diminutive Dental Digest of
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Introduction

"Some tortures are physical, and some are mental. But the one that is both is dental"

—Ogden Nash

Every dental office has a plan for managing medical emergencies. Few offices, however, have written policies and procedures related to the handling of emotional emergencies which occur far more frequently. In this little book, an emotional emergency in the dental office is defined as any negative emotion that takes our attention away from delivering the best care possible. Our jobs require a laser focus on tiny teeth hidden away inside a moving mouth. Passive-aggressive behavior, fear, resentment, anxiety, grief, even generalized unhappiness can distract us from that focus and lead to disastrous results.

I included in this handbook many of the scenarios I experienced in my 30+ years as a clinician, dental leader, patient advocate, ADA National Spokesperson, clinical professor, and peer review complaint lady. Dental attorney Hil-

lary Becchetti has added invaluable legal and transition expertise. I hope you have time to read the entire book—it is a short one. But if you don't, please use this as a reference book when you are faced with a difficult dental dilemma and need help. We arranged the table of contents with specific topics listed to make looking up those topics easier. We sincerely hope his book can serve as a tool to help build happiness and harmony in your journey through dentistry!

I Hate Going to the Dentist

How often do you reveal your profession to a new acquaintance for the first time, only to hear "Oh, I hate going to the dentist"? It is widely accepted that between 50 - 80% of our patients have some fear associated with receiving dental treatment. That means that the majority of the people we care for in a day start their visit with negative emotions. Now, why is that?

Let's go back and examine dental care from the patient's perspective!

The first impression we have as a patient is our experience in the waiting or reception room. It only deserves the name reception room if the wait is short! Soon a friendly team member calls our name and leads us down the hall to the treatment room (operatory is a scary word) and places us in a comfortable chair. Then, a heavy-duty napkin with plastic backing is placed around our neck and secured with big clips. The chair is placed in a reclining position, and just as we are getting comfortable, a big bright light appears to be directed right into our eyes. Soon, two shadowy figures emerge from

the brightness. They have big googly eyeballs hanging down from their faces. The remainder of their face, where their nose and mouth should be, is covered by a mask. The masked beings don't even look human!

Suddenly we start to see sharp, scary-looking instruments, called explorers and probes. Next, they take a big needle and inject something that makes us feel that part of our face is falling off. But the worst is yet to come! Soon the dentist starts drilling in our mouth, and we begin to see pieces of our bodies, the dust of our teeth, flying up in the air, and landing -- on that securely placed napkin.

We all know how the appointment is supposed to go and as amazing as it sounds, our patients agree to allow us to drill on their teeth because they want to keep their teeth for a lifetime and periodic maintenance (sometimes requiring drilling) is necessary to do that. However, our patients rightfully expect that everyone involved in the process will be 100% focused on the task at hand. Anything that distracts team members from focusing on the patient such as grief, conflict, or emotional distress is not part of

the bargain and can turn this consensual other-worldly experience into a nightmare!

Because of the inherent stresses involved in our jobs, not to mention the sounds, dental offices can also resemble dormant volcanoes where just a small tremble can set off an explosion of emotion. Learning how to manage difficult discussions and dilemmas involved in emotional emergencies can soothe the rumblings, propagate trust, and create harmony in your office for both patients and team.

Prevent Dilemmas by Building Trust

Dental professionals know all about prevention, and the best way to prevent difficult discussions and dilemmas is to build trust. Trust is our most important clinical asset. Patients are much less likely to grumble, bring about a Board of Dentistry complaint, or write a bad review if they trust you.

We can't please everybody. Most accusations concerning failed implants, restorations or root canals, that I hear from peer review complainants are really about a loss of trust. When you think about it, even the dependence of patients on internet medical/dental advice has at its core, a lack of trust.

The Trust Edge, by David Horsager, is the best book on trust I have ever read. In *The Trust Edge,* Mr. Horsager breaks trust down into eight pillars. They are listed here, as well as their descriptions.

Trust Pillars

Clarity: *People trust the clear, and distrust the ambiguous.*
Compassion: *People put faith in those who care beyond themselves.*
Character: *People notice those who do what is right over what is easy.*
Competency: *People have confidence in those who stay fresh, relevant, and capable.*
Commitment: *People believe in those who stand through adversity.*
Connection: *People want to follow, buy from, and be around friends.*
Contribution: *People immediately respond to results.*
Consistency: *People love to see little things done consistently.*

I had the great honor of interviewing Mr. Horsager for an article in Northwest Dentistry. When asked what the most critical thing dentists need to know about trust, he replied, "Dentists need to realize that the lack of trust is their biggest expense. They lose patients every day because of how the patient feels while he or she is being treated. Every aspect of patient care can proceed along perfectly, but if one person

breaks the person's trust, the patient could perceive the visit as a negative one." The Trust Edge should be required reading for every dental professional!

Put Your Ego Aside and Your Patient's Needs First or Dr. Potter is My Hero

Our jobs are to partner with our patients to maintain excellent oral health. Sometimes, however, we let our needs or egos get in the way of putting our patients first. My journey to dental school was almost derailed by an advisor who allowed his ego to get in the way of providing helpful advice which proved to me that he was not deserving of my trust.

My dream as a teenager was to become a psychiatrist so that I could save my mother, who suffered from bipolar disorder. A contributing factor to her illness was the guilt. When mom was pregnant with me, she took a drug that was not approved in the U.S. but used in Europe to treat morning sickness. That drug was Thalidomide. When I was 6, researchers discovered that when Thalidomide was taken during pregnancy, babies were born missing limbs. I was born

missing three fingers, and this news about Thalidomide consumed my mom with guilt. She was institutionalized for 11 years and took her life one month before I started college. Mom's death put me into a tailspin and changed my career path. I could no longer save her.

One day, early in my freshman year, this cute guy named Jim Harms talked to me about the advantages of going to dental school. Women at that time were a rarity in dentistry, so I had not considered that option before.

An additional incentive was that I thought that Jim might marry me if I had a good job, so I was highly motivated. Don't judge: this was the '70's, and women were not quite liberated yet.

I immediately went to my adviser to see if he thought it would be possible for me to go to dental school. He told me that he did not believe that any dental school would accept me because of my missing fingers. At first, this seemed a reasonable response. I would have to choose another career. Fortunately for me, however, my adviser made one additional comment. As I stood up to leave, he sat back in his chair, took a long drag on his big cigar, and said in a voice full of disdain "If

you were a man you might have a chance." What did he mean by that? Why would he say that to me? It was all about the ego!

I took this statement as a declaration of war. The year was 1974, and the women's liberation movement was in full swing. At that moment, I was determined to go to dental school. I vowed to show this adviser that he was wrong and I could indeed become a dentist. So instead of changing career paths, I switched advisers. The University of Maryland had more than 30,000 students, and the secretaries in the advising office were not happy when I explained to them that I wanted to change advisers. I didn't exactly move up the popularity list. They assigned me to Dr. Potter.

Dr. Potter was scary. She had the same hair-style as Albert Einstein—grey and tousled. Dr. Potter wore small black reading glasses that sat low on her nose and always had a cigarette in her mouth. She could lecture and smoke at the same time. I never could figure out how that cigarette stayed attached to her lips. She was a geneticist and seemed proud to have one of the highest dropout rates on campus.

I have to admit that when I got Dr. Potter's name, my heart sank. I even considered giving up. But my anger at my first adviser overcame my fear of Dr. Potter, and I reported to her office the next day. To my great relief and surprise, she greeted me at the door with a smile. She asked me to sit down and seemed interested in me. When I asked her if she thought that I would be able to go to dental school, she sat back, paused, and then made a statement that changed my life. She said, "I don't know. Let's find out."

Dr. Potter immediately called the dental school and set up an appointment for me with the head of restorative dentistry, Dr. Buchness. When I went to Baltimore to meet him, he asked me if I could hold a mirror with my right hand. I said, "Yes!" He said, "Good. That's all you need to do. You can go to dental school." The meeting took five minutes.

Dr. Potter continued to follow my progress and wrote a beautiful letter of recommendation for me when it was time to apply to dental school. I even got in a year early.

As a bonus, I also got the guy! Jim and I graduated together in 1981 from the University of

Maryland School of Dentistry. We just celebrated our 43rd anniversary.

What kind of advisor are you when you make treatment recommendations for your patient? Are you my first advisor? Do you hesitate before telling a patient, “I don’t know.” Do you let your ego and personal needs get in the way of providing treatment options?

Or are you like Dr. Potter? Do you put the patient first? Can you say, “I don’t know, let me find out” or “Let me send you to someone more knowledgeable in this area?” Your patients deserve a Dr. Potter dentist.

Trust Tips

1. *Always smile and acknowledge the patient as soon as you enter the room. Introduce yourself by name and recognize others in the room.*
2. *Explain the risks, benefits, and alternatives to care.*
3. *Make sure your patient has realistic expectations. Provide a written estimate of costs before treatment. Make sure the consent to treatment is signed and give a timeline.*
4. *Let the patient know that they are still in control and can still communicate with you even though there are two hands in their mouth. Hand signals from the patient are a great communication tool.*
5. *Discuss their dental fears (if any) and document them in the chart. Give anesthesia gently to minimize discomfort.*
6. *Thank them for choosing you as their dentist. Gratitude is contagious.*

Prepare Your Team to Manage Inevitable Conflict

Conflict is part of the human condition. It is everywhere. It is human nature to complain to people more readily than it is to compliment them. Just look at our nightly news! Clinical and clerical errors will happen, and every member of the team needs to know how to handle them. I recommend that every office implement a structured conflict management program and provide appropriate training for all team members.

Make sure you follow these conflict management steps to minimize the destructive effects of unresolved conflict in your office.

1. *Be proactive, not reactive.*
2. *Address complaints quickly.*
3. *Empower front line employees.*
4. *Own the problem/own the solution.*
5. *Continuously improve the process.*
6. *Formulate an effective apology. (Check out the sample apology in the patient dilemma section of this book)*

For complete information about conflict management, and the training of conflict managers, check out our MiniBük *Neutralize Your Nightmares: Promote Harmony Through Structured Conflict Management*.

Crisis Management

Sometimes a national or locally-run media story questions the safety of dental offices or the necessity of treatment. Go straight to ADA.org to find the latest updates and be prepared to give your patients the most recent information.

What steps would you take if your reputation becomes tarnished because an infectious disease was traced to your office? What if you killed a nationally celebrated lion in Africa? Your actions immediately after a catastrophic event matter. Stay calm, apologize if appropriate, fix the problem, ensure patients they are safe and get professional legal help if necessary.

The Internet Says I can Grow New Teeth

Stay up to date on the latest internet claims and remind your patients to look up the credentials of those making the claims. Be generous

with your explanations, and give scientifically sound information. ADA.org is a great resource. Take these concerns seriously. Your goal is to become your patient's most trusted source of oral health information.

"Never Underestimate the Power of Body Language"

Ursula the Witch, Disney's Little Mermaid

As you work to develop trust with your words, you have to make sure that your words match your face! I have an inherited condition in which my face looks angry when it is resting (chronic resting **** face is one name for it). My mother had it, I have it, my daughter Ashley has it, and at least one of my granddaughters has it. When I first started serving on my local school board many years ago, I was advised to "open my face." I learned to relax my eyebrows and mouth and focus on looking interested and positive. It made a big difference.

My training as a spokesperson for the ADA also focused on keeping a calm and relaxed demeanor, especially when asked a rude or difficult question. Once reporters were in my

living room while we watched a national news segment on biofilm in dental waterlines. I knew they would love to have caught me reacting in horror to the "toilet water is cleaner than the water dentists use" claim. I remained calm and serene and advised the viewers to talk to their dentists about any concerns they had about the water they used. Sometimes the best news is no news.

Stay calm, cool, and collected with your words and body language during difficult conversations.

Important Conversations in the Workplace

From Dental Attorney Hillary Becchetti

Hiring

Hiring a valuable team member is one of the most important parts of dental office management, and mistakes made in this area can lead to poor office climate, unhappy patients, even embezzlement. Make sure you take the time to find the right person for the job. Write out specific job descriptions and personality requirements. Attitude is everything. It is also essential to understand those who are self-motivated usually look to advance their career. Focusing on career development in your search (through continuing education and keeping up with the latest trends) will make your office more attractive. Also, carefully check references and do a thorough background check. There are many manipulative people out there with impressive resumes and excellent first impression skills. Make sure their past performance matches their credentials.

Questions to Ask a Potential Hire

1. *Why are you interested in this job?*
2. *Tell me about your past experiences in the dental field?*
3. *What do you believe the goals of our dental office should be?*
4. *How do you manage an unhappy patient?*
5. *Why should we hire you?*

Performance Issues

In every field, employees sometimes get tired, lose interest in office goals, feel entitled, or do not have the training to do the job. Some have personality issues that rub patients the wrong way. What do you do? Unfortunately, many dentists and managers ignore small failures in handling the job. Ignoring minor problems with one member of the team can lead to big problems as other members catch on that underperforming is ok. So what do we do? The first step is to talk to the team member and, after letting them know about the things they are doing well, explain the problem. Then ask how they are going to fix the problem.

Some of the most common performance issues are phone use during working hours,

unfriendly attitude towards patients, frequent technical errors, distracting discussions with other team members, OSHA or HIPPA violations, sterilization errors or a general failure to work enthusiastically to accomplish team goals. The list is endless. Fortunately, the solution for all of these is similar. Inform the team member of the problem (as soon as possible), identify and get agreement to the resolution, and hold the employee accountable for change. (See sample conversations on page 20).

Relationship Issues

Working together as a team requires that every member focuses on the win: a happy, well cared for patient. It is also essential that everyone does his or her part cooperatively and happily with the remaining team. Sometimes, however, personalities, disagreements, and frustration get in the way of office harmony. One of the best solutions is to train neutral conflict managers to work problems out early, using structured conflict management techniques which include mediation and arbitration. It is crucial that you initially manage these problems

in a neutral way in which both parties are working together to fix the problem. If they cannot do this, you must arbitrate the issue and decide which side needs to change. That team member is then considered to be underperforming, and the conversations listed below apply. Sometimes both parties are underperforming and require corrective action. Remember to document all conversations!

Sample Conversation for Underperforming Team Member #1

Thanks (name) for coming to see me today! First of all, I would like to tell you what a great job you are doing (list accomplishments in detail and make this part as long as possible). "However, we do see a problem in this area." Describe the issue in detail and its effect on patient care and the smooth running of the office. Be understanding and kind this first time and assume the best intentions. Let's work together to correct this. Is there anything you need from me to help you? (Document conversation)

Sample Conversation for Underperforming Team Member #2

Thanks (name) for meeting with me again. Things are still going well in (mention areas of strength but perhaps not in as much detail as before). We are still having issues in (detail the problems that continue to occur.) Remember we talked about fixing those problems by (detail last discussion about solutions). What went wrong? How can we fix this? I want you to be successful in this office, but this is a significant problem and cannot continue. (Use the last sentence only if there seems to be resistance from the employee; it is your gentle signal that his/her job is at stake.) (Document conversation and have another team member present)

Termination Conversation for Underperforming Team Member

(Name) I am afraid that we are not able to fix this problem. We have spoken to you about it (name dates and time), and you promised to change. Unfortunately, your behavior is interfering with our team's ability to work together cooperatively to provide the excellent care we owe

our patients. I am afraid that we must terminate your employment. (Document conversation and have another team member present)

Terminating Employment and Unemployment Compensation

Check with your state's unemployment laws to see if terminating the employee qualifies them for unemployment compensation. Be honest with the reason for termination and do not exaggerate poor performance. Your other employees are watching. They must trust that you are acting fairly and with compassion in this delicate issue. The termination of one employee affects the emotional stability of the rest of the team.

Accountability for Performance

Keeping the team accountable for performance is a difficult but necessary task. Reviewing performance measurements at monthly team meetings is a great way to keep everyone on track. Another important accountability tool is the patient satisfaction survey. These are quickly done electronically and can give invalu-

able information. Periodic performance evaluations for team members are a must. One client encouraged their team to write down and post thank you notes when they received help above and beyond expectations from another team member. At the monthly team meeting, these notes were read aloud to everyone. A drawing for a small gift was held for both the helper and the receiver of help. The drawings turned out to be a great way to celebrate the team and encouraged cooperative behavior.

When Medical and Emotional Emergencies Collide

or *How to Survive Bleach in the Eye*

Emotional emergencies do not always involve medical emergencies, but medical emergencies always include emotional emergencies. On a bright, sunny day in August, I found that out the hard way.

I was working on a root canal on tooth number 14, on a patient I will call Bill. The rubber dam was on, the video glasses were on, and everyone was at peace. Suddenly and without warning the tip to my syringe of bleach that I was using to irrigate the canals shot off, hitting Bill's video glasses. Unfortunately the bleach in the syringe, also shooting out, found the only vulnerable spot in our patient protective defenses; a small separation was present between the rubber dam and the glasses.

I had just deposited a full syringe of sodium hypochlorite into my patient's eye!

My assistant (I will call her Susan) and I jumped into action and raced our patient over

to the eyewash station thoroughly rinsing out the affected eye. Susan immediately drove Bill to the nearest physician's office. I couldn't believe what had just happened. I was sure I had blinded my precious patient who had trusted me to provide his care. I didn't recollect bleach in the eye listed as a risk on the consent form, so I hadn't even warned him of this possibility.

The rest of the team sprung into action to help. My husband, Jim, covered my hygiene checks as I tried to calm down. Eventually, my next patient arrived, and I had to compose myself.

After about an hour, our office manager called me to the reception room.

I approached the front desk, and my heart stopped as I got my first sight of Bill. He was limping into the room, leaning heavily on Susan. There was a patch over his eye and blood dripping down from that patch.

I had blinded him! How could I face another patient again? What about Bill's family? Was he now permanently disabled? The horror left me speechless!

After a long moment, Bill noticed my distress. Unexplainably to me, a small smile crept onto his

face; then a big smile. Bill started laughing. I was confused. Then Susan started laughing and soon the entire reception room was cracking up.

The joke was on me! Bill's eye was fine, save some temporary irritation. The physician, a good friend of mine, decided to use humor to brighten up this situation and Bill and Susan played along. They brought the rest of the team and even the patients in the reception into their plot. My goose was cooked!

Why do I tell this story here? The point is that we never know when bad things are going to happen to us, but building trust in advance provides protection against some of the backlash. If I had not worked hard to develop trust with Susan and Bill, this scenario could have turned out quite differently. What would have happened if Susan were not happy or was resentful of me? She might have implied to Bill that I squirt bleach in my patient's eyes regularly. If Bill did not trust me and know that I wanted the best for him, he could have overplayed his injuries instead of downplaying them. I am not sure what I think about including other patients in this scenario, but they all stayed and came back

to the treatment rooms joking and laughing about their experience. They especially enjoyed the look on my face when I first saw Bill.

Never underestimate the value of trust!

Trust Words

Trust is, by far, your most important clinical asset. Follow all the advice in the "Prevent Dilemmas by Building Trust" section of this book. Here are some sample phrases you can use to build trust.

Trust Words

1. *"Do you have any questions?"*
2. *"Does that sound like a good plan?"*
3. *"The risks are… (elaborate.) The benefits are (elaborate.) The alternatives to treatment are… (elaborate). If you do nothing... (elaborate).*
4. *"We are here to help you not judge you" (if the patient expresses remorse for not seeking care earlier)*
5. *"Our job is to be your partner in helping you maintain good oral health for a lifetime."*
6. *"Are you ok?*
7. *"If you feel any discomfort, raise your hand."*
8. *"This crown does not fit properly, and we will have to make a new one, I know this is disappointing but I want to make sure that it is done right."*
9. *"I also have had (a root canal, crown, etc.)*
10. *"I want you to know that we are running behind schedule by (specify minutes). Will this be a problem for you? Can I get you a cup of coffee while you wait?"*
11. *"We understand that you just lost your job. How can we help?"*
12. *"How do you feel about this?"*
13. *"Congratulations on your upcoming wedding (or graduation or retirement or other even to celebrate)."*

> **14.** *"Take a close look at your new crowns. Go out into the natural light and make sure that you like them before we cement them in."*

Expectations vs. Reality

I always think it is better to undersell and overdeliver. Some of our patients have unrealistic expectations about what we can do for them. Make sure they know upfront and also document consent with risks clearly listed. If you perceive that the patient will be hard to please, refer to a specialist. Don't ever start something if you know in advance that you can't make the patient happy. Always make sure that the patient understands the costs (in writing), signs the consent (in writing), and agrees to the expected financial arrangement. Many of the complaints I hear for peer review could have been prevented if the dentist followed these suggestions.

Sample Apology

"I am so sorry that this happened. I understand why you are upset. This is what I am going to do about it (be specific). I'll check back in a

(specify a particular time) to ensure that everything has been resolved. Is there anything else I can do for you?” Note: Make sure to follow up within the time specified. If the solution is not determined yet, call the patient to let them know that you are working on it, so they don’t feel abandoned. “

Divorce and Custody: Who Pays?

Divorces can be messy, and we don’t want to get in the middle of the question “who pays for the braces.” If every patient has a written informed consent, financial agreement, and written treatment estimate, you can avoid this conflict!

My Last Dentist Was Horrible

As much as you may agree with this as it makes you the hero, hold your tongue unless remedial work needs to be done. It is your responsibility to focus on the treatment and tell the patient the truth about what you see but give the other dentist a chance to make amends. If that doesn’t happen, calmly give the patient options

for resolving the issue (Board of Dentistry, Peer Review, legal action.)

I Don't Want X-Rays

Make sure you are recommending x-rays based upon the American Dental Association Guidelines and explain to the patient the importance of taking x-rays in making a diagnosis. Focus on all of the areas of the tooth that we cannot see without radiographs, and the specific circumstances that require x-rays at the interval you are recommending. Explain that you cannot possibly make a diagnosis concerning his/her oral health without seeing between their teeth or under their gums or the bone around their teeth.

If the patient still refuses, you may be considered negligent if you continue to care for them without the tools necessary to make a proper diagnosis. If you decide to dismiss the patient from your practice, make sure you emphasize the problems associated with their refusal. Include a statement that permanent, irreversible damage to their dental health could be occurring. Make sure to document refusal in writing.

If possible have another team member witness the conversation.

I Need Opioids

As we change our prescribing habits away from opioids, we must explain the reasons for the change and the effectiveness of the substitutions. Some patients feel that the changes fail to recognize their pain after a dental procedure. Some excellent pamphlets are available so check your local dental association for a recommendation. The Minnesota Dental Association has an excellent pamphlet on this subject. If the patient sees that the reasons you are giving them for the change in your prescribing recommendations are the new standard of care, they will be more receptive.

Transitions

When a long term dentist retires, it is hard on their patients. As soon as it is comfortable, announce the upcoming change. A letter from the retiring dentist with a hearty referral to the new dentist helps relieve the emotional pain and surprise. Anything you can do to assist the

remaining team members feel secure in this change, such as having the new dentist work in the clinic or at least meet the team before the closing, is helpful.

The Patient is Unhappy With Treatment

The patient needs to know there is a problem shortly after you do. If they signed an informed consent, they know there are risks. Stand behind your work and redo it if it is not acceptable. Sometimes the patient complains about a problem that we cannot see. Do your best to take care of it. Be patient. If you cannot take care of the complaint, refer it to a specialist. Weigh the costs of an unhappy patient with the price of a refund, carefully. Volunteering to refund the fee before the patient asks you to do so in writing can avoid a report to the National Practitioner Data Bank, a complaint to the Board of Dentistry, a lawsuit or horrible online review.

Child/Intimate Partner/Elderly Abuse or Neglect

One of the most challenging conversations dentists must have involves the determination of whether a patient has been the victim of

abuse or neglect. This dilemma requires you to fulfill the requirements of the “character” trust pillar. It is certainly easier to ignore abuse, but by ignoring the abuse and failing to report, you become complicit in allowing the abuse to continue.

Frequently abuse and neglect involve injuries to the head and neck region. I work with women’s groups in Mongolia, Rwanda, Georgia, and Armenia. Every group reports that the targeting of the face by perpetrators of intimate partner violence to intentionally cause disfigurement, was common. The abuse of the vulnerable with a facial focus is a universal phenomenon. Watch out for multiple injuries that are in various stages of healing and any injury in which the causal explanation does not coincide with the clinical presentation.

When it comes to neglect, first make sure that the patient has access to care, and the caretaker understands the need for care. If the neglect continues, you must report.

Calling in the suspicion of abuse or neglect to social services and law enforcement agencies is mandated for health care providers (including

dentists) in all 50 states. Check with your state dental board for the specifics.

When the Pain is in the Brain: Managing Grief, Loss, and Emotional Suffering.

(See Appendices 1 and 2 for more information on grief and depression in dentistry)

Depression and Anxiety

See Appendix 1: Dentistry and Depression

Understand that emotional and physical pain activate similar areas in the brain. Patients suffering from anxiety and depression may be less tolerant of physical pain.

According to ADA surveys, dentists suffer higher rates of depression and suicide than the general population. Post-traumatic stress disorder is widespread among patients when sounds, smells, or sensations trigger the memory of a past negative dental experience.

When treating patients suffering from anxiety and depression, it is essential to remember that these conditions may be associated with bruxism and TMJ disorders. The medications used to treat anxiety and depression frequently decrease salivary flow.

Special Needs Patients

Special needs patients may not understand why we need to provide dental care, and must therefore be managed with great care. Without the understanding of "why" they need dental care (a third party typically gives consent), they are not actually giving their personal consent to receive care. Managing those who are suffering requires a super-concentrated focus on trust-building and listening.

Natural Disasters

Natural disasters such as hurricanes, fires, floods, and tornadoes are especially devastating as the local resources typically available to help may also be destroyed. Survivors may have lost their loved ones or suffered severe injury. Basic needs, such as clean water food and shelter, may not be available. In many cases, the team members not only lost their job site, but they also lost their homes as well.

Have a disaster plan with specific tasks (such as making sure the computer back up disks are safe at all times) to minimize the losses.

If a natural disaster occurs near you, please help. The American Dental Association has some great resources in this area at ADA.org.

Helpful Actions for Natural Disaster Victims:

Offer to share office and clinical space with those who have lost theirs. It takes some time to get things rebuilt, and this gift will help victims keep their practices alive during the wait.

"Adopt a Team." Organize relief efforts in your office and provide food, water, clothes, and perhaps even shelter to your colleagues in an affected office.

Death and Dying. Loss and Grief

See Appendix 2: The Secret Life of Grief

Death, dying, divorce, loss of a job, and natural disasters are part of life, both for our patients and our team. I divide losses into two categories.

The first type is what I call "reasonable loss," a loss that might be expected, one of life's ordinary losses. The second type I'll call catastrophic loss. A catastrophic loss explodes your universe; it is a loss that splits your life in two in

such a way that everything is measured in terms of "before" and "after." For many, this loss could be a divorce, death of a spouse, cancer, death of a parent, or natural disaster. For me, it was the suicide death of my only son, Eric. (Appendix 2)

Every grief is different, and it is critical that you not try to categorize someone else's pain. What might be ordinary for one could be catastrophic for another. The rule of thumb is to take every grief experience seriously. It is also important to note from a treatment standpoint that when someone is in a fog of grief, problem-solving, and making decisions is sometimes hard. Since the brain pathways for physical and emotional pain are closely related, patients already suffering emotional distress may be more sensitive about the exploring and probing and anesthetizing and drilling that is a normal part of dental care.

It is also important to remember that for those experiencing a catastrophic loss, every day is like groundhog day as they wake up to the reality of their grief. This stage may last months, or years or a lifetime. Sometimes the dark pit of despair seems bottomless. It is again

important to remember not to judge someone else's grief, or try to fix it, just love (or respect) them where they are.

Please review the section on difficult dilemmas with patients as this advice is just the starting point for those with special emotional needs.

Guidelines for Managing a Patient Suffering a Loss

They need to feel heard, understood, affirmed, and valued as a patient.

You can't fix things: don't try!

Have cards or small gifts (gift certificates to local restaurants, flowers, comforting tea, massage, etc.) available and ready to give at the reception desk.

To make it easier to give when needed, have some cards pre-signed with a sympathy message. Sometimes you do not know of a loss until the patient comes in for an appointment.

Just a quick signal from one team member can have a card ready to give to the patient before they leave.

For a team member or a patient known more personally, writing about happy memories of the lost loved one in a card is of the best gifts you can give.

Try to have the loss acknowledged by each team member that encounters the patient. A simple "I am so sorry" works best.

Don't compare your grief to theirs; keep it all about them.

For someone close, remember future anniversaries and birthdays with a card.

Guidelines for Managing a Team Member Suffering a Loss

Everything listed under managing a patient suffering a loss applies to a team member!

Every loss suffered by a team member has repercussions to the entire team.

The affected team member should be considered to be "on the injured list," requiring the support and assistance of the entire team to perform his/her job.

Smiling and attempting to be cheerful (which is an inherent part of any job dealing with people) is excruciatingly painful when your insides

are exploding. Acknowledge the difficulties and help the affected team member.

Emotional meltdowns are a normal part of grief, especially with triggers (certain people, words, questions from patients). Provide a signal triggering a "substitution" by another team member for a minute or two (a call to the front desk, early examination by the dentist, changeup of an assistant) to allow the sufferer to regroup.

Provide a 'crying" room (typically a team restroom) where the griever can retreat to in a time of crisis. Sometimes grievers need to be alone for a minute.

Understand that the grieving process is complicated for everyone. The show must go on with the least amount of patient trauma. It is easier for those patients who have a long term or a more personal relationship with the bereaved as they can understand the reason for the sadness. Listen and validate and remember coming alongside them is the most important thing you can do.

Words that Work to Help and Comfort the Bereaved

"I am sorry for your loss."

"I miss him/her too."

"He was so .. I remember when.. I miss him so much."

"Would you like me to help……? (Be specific; write thank you notes, get the death certificate, bring or serve food, etc..)

A griever often cannot think clearly and asking them to call you if and when they need something is not a help, it is a burden to them.

Actions that Help to Comfort

Provide hugs and tears when appropriate.

For patients, words, cards, and small gifts help. If possible, send a team delegation to the funeral. Send flowers or donate.

For team members, all of the above applies. Also, help them get through the first difficult days by bringing meals. Send over a cleaning crew or lawn care service to prepare their home for guests or pick family members up from the airports. Don't just tell them you are there for them; show it.

For the next few months, bring them a surprise coffee or tea every once in a while.

Special Losses

All losses are painful, but some losses are more complicated and destroy a person's sense of self and their place in the world. These losses require intense care by family, friends, and team.

Loss of a Child

I have had many losses in my life, but the loss of my son Eric shattered my soul. I not only lost the physical presence of Eric, his laughter, his wit; I lost my future as his mother. There would be no marriage to celebrate, grandchildren, vacations, or nightly card games. Parents are not supposed to lose their children, so my world view changed. Fortunately, I have every possible asset when it comes to recovering from a catastrophic loss. I have my faith, my family, other children, grandchildren who need me, wonderful friends, and the resources to put my grief energy into something positive. Through Books for Africa, I was able to establish 33 Eric

Harms Memorial Libraries (including a computer and textbook library at the dental school) in Rwanda. In spite of these advantages, it took me ten years to feel joyful about my life again. Many parents have no resources at all, and their recovery is long and arduous and sometimes never happens.

If a patient loses a child, send a card with a memory of the child (if you have one). This is one of the times that a presence of some kind at the funeral is critical. Follow up at the first appointment with an expression of sympathy by each team member having direct contact.

A team member losing a child (in my practice, one hygienist lost two children) is one of the most significant emotional challenges an office can experience. Shut the office down for the funeral; everyone needs to be there. Be kind and supportive and let that parent know that your team is there for the long journey to recovery.

Helpful statement: *"I am so sorry. I can't imagine what you are going through. (He/She) was loved by so many."*

Early Loss of a Parent

In developed countries, we expect to lose our parents when we are in our 50's or 60's. Even at that age, losing our parents is difficult. But when we lose them at an early age, we lose that 10 or 20 or 30 years we expected them to be there to help us in our life journey. If we are responsible for managing our parent's estate, new problems can arise if siblings do not agree with the details of the distribution. With an early death, our parents may not have prepared. Putting the pieces together and sorting through the stuff can be a nightmare and take an extended amount of time and additional emotional trauma.

Helpful statement: *"Tell me more about your (mother/father)."*

Loss of a Spouse

The loss of a spouse presents some additional stresses as typically each member of the couple has specific domestic duties. The surviving spouse may not be knowledgeable about the specifics of paying the bills, home care, lawn care, etc. Loneliness and depression are common problems after the loss of a spouse. Help-

ing the survivor with meals, mowing the lawn and including them in plans with friends can be very helpful.

Helpful statement: *"Come with us to (a social event)." Help the survivor know that he/she can attend events alone but still be part of a social circle made up of couples.*

Loss of a Sibling

The cold reality is that if you have a sibling, you will either die first or lose a sibling. The loss of a sibling is particularly devastating if the loss occurs through suicide or murder.

Helpful Statement: *"Your (sister/brother) was (state characteristic). I know you will miss (him/her) very much. We all will. Please extend my sympathy to your entire family."*

Divorce

To some, a divorce causes just as much heartache as a death. It is the death of a marriage and an expectation of life to come, but it is more ambiguous as there may be a chance of reconciliation. Keep your relationship healthy; make sure he/she realizes that you are still

there. If the divorcee is a patient, ask about new insurance just as you would typically do. This is not a divorce from their dentist. Don't take it personally, however, if a divorced patient changes health care providers as part of beginning a new life—it happens.

If a team member is getting a divorce, make sure that their life at work remains normal, but remember they are injured emotionally. Refrain from criticizing their former spouse as you never know what will happen in the future. Just listen, be available, and provide support.

Helpful statement: *"You can do this."*

Complicated Special Loss: Suicide and Murder

Unfortunately, suicide has reached epidemic levels, and murder is far more common than most of us would like to believe. I work closely with a group of moms who have children who died from suicide and murder, so my advice here is straight from the surviving parents. Is the suicide or murder of a child one of the worst things you could ever imagine happening to you—YES. I cannot begin to express how the death compounded by shame, guilt, what if's,

and, for murder, dealing with the justice system, shatters your universe. Please know that survivors of suicide and murder can hardly put together a coherent sentence much less make decisions or respond to life in a normal way. Give them a break. Show compassion, do not become so uncomfortable that you ignore the loss. Ignoring the loss makes it worse. Focus on the life of the deceased, not how he/she died. Know that grieving this loss will take a considerable amount of time.

For a patient, make a strong effort to send a card signed by every team member and a representative to the funeral. Show up! The survivors need to know that the life of their loved one mattered. For a team member, this is a team loss and requires focused attention for a long time.

In my clinical career, our office suffered multiple suicide losses, including my son, the son of our hygienist, several patients, and a nephew. Even though I lost my mother to suicide, I am sorry to admit that I had no idea what the other parents were suffering until it happened to me. The entire team needs to focus on supporting

the bereaved and helping his/her patients get through the day. In many cases, the death will be very public. The surviving team member will face six months to a year of new encounters with patients working their way through the re-care system. Each first contact is traumatic. It takes time for the trauma to lessen.

Loved ones of victims of murder also need support at the trial phase of their ordeal. Asking them if they would like you or a representative to attend part of the trial is much appreciated.

Helpful statement: *"I can't imagine what you are going through. He/She was loved by all of us. This must be so hard."*

The Great Generational Divide: Intergenerational Communication

Our current society breaks Americans into generational groups (based on year of birth and cultural experience) with different traits and characteristics. I feel that there is some validity to this. However, I worry about any differentiation that divides us. I work in Rwanda, which suffered a horrific Genocide 25 years ago due to artificial classifications (Hutu and Tutsi). Their new society outlaws those classifications and requires Rwandans to consider themselves Rwandans. Suggesting a communal identification without tribes or generations, rather than requiring it, is probably more appropriate in our country. I still think there are advantages to focusing on what unites us rather than what divides us.

However, in reality, we live in a world with these classifications and can use them to promote an understanding of diversity in our offices. Just remember that not everyone fits into their designated box!

Understanding and acceptance are especially critical in a dental office, where tensions may al-

ready run high. It is crucial to avoid the formation of cliques or other exclusive groups which divide team members into those who are "in" and those who are "out." Not all team members will like each other or hang out with each other after business hours. It is vital, however, that they are respectful, inclusive, and pleasant to each other at the office. The ultimate goal is to develop a team where everyone genuinely cares for one another. The dentist, as the leader, sets the tone. Don't play favorites!

Use the characteristics of a diverse team to benefit the whole. If a Baby Boomer employee is a team player, let them plan team events. A multitasking millennial will come in handy in a busy office, and the entrepreneurial spirit of a Generation X or Z team member can help raise morale. I will focus below on the societal circumstances that shaped these generational groups as well as some assumed characteristics. To be fair to all groups, the characteristics listed here come straight from Wikipedia and are labeled "alleged."

Traditionalists (Born Before 1946)

Greatest Generation/Silent Generation)

The traditionalists grew up or were raised during a tumultuous time. They survived the Great Depression, the Spanish Flu, World War I and World War II. The loss of a close family member in childhood was common. Traditionalists knew that good times could very quickly be followed by bad times.

Alleged Characteristics: Problem solvers/survivors

Baby Boomers (Born Between 1946 and 1964)

I am a baby boomer. We were raised during the cold war and taught to hide under our desks or find the nearest fallout shelter in case of a nuclear attack. Our country was divided over the Vietnam war, and students were killed at college protests. We used maps instead of GPS. Most of us can remember where we were when President John F Kennedy was assassinated, and when man first stepped on the moon. We expected to live the American Dream and worked hard to get it.

Alleged Characteristics: Live to work, prefer face to face communication, get personal fulfillment from work, team players

Generation X (Born Between 1965 and 1976)

The term Latchkey Kids came into being with Generation X, as both parents worked hard to reach the American Dream. An energy crisis gripped the country. Societal norms were changing rapidly, and the divorce rate was high.

Alleged Characteristics: Resilient, cynical, adaptable, works to live, entrepreneur focus.

Generation Y or Millennials (Born Between 1977 and 1997)

Millennials grew up in a digital world. Their Baby Boomer parents wanted them to have the American Dream but not to work as hard as they did. To avoid the pitfalls of a Latchkey life, the Millennials had schedules and the full attention of their families. The term "helicopter parent" came into being.

Alleged Characteristics: Work to live, participative, multitaskers, may not appreciate the term "team player," educated, self-aware.

Generation Z (Born After 1997)

Generation Z's formative years were shaped by the September 11 terrorist attacks, the AID's epidemic, economic recession, recognition of student loan debt, and climate change fears.

Alleged Characteristics: Entrepreneurial focus, independent, diverse.

Partners, DSO's, Associates, Contracts and Transitions

From Dental Attorney Hillary Becchetti

One of the most significant emotional emergencies ever in a dental office is the lingering misery involved in an unhappy partnership, associateship, or corporate relationship. Many of these unfortunate circumstances could be avoided by careful research before the contract is signed. The decisions you make in the course of a couple of months can affect the remainder of your practice life. Unfortunately, too many dentists fail to get legal assistance to review these critical documents and end up in an unhappy working arrangement. Breaking these contracts is similar to getting a divorce, so make sure you have picked the right partner and terms.

Before you sign on the dotted line, make sure you ask (and receive answers to) these critical questions:

1. *How would my lifetime income differ if I signed this particular contract over other practice options?*
2. *If I am unhappy with this arrangement, how can I get out of it?*
3. *Can I see myself owning this practice or working with/for this company for the next 5, 10, 20 years?*
4. *What happens if there is a disagreement with contract interpretation (mediation, arbitration, etc.)?*
5. *If the expectation is that I am an owner or part-owner, what does that mean?*
6. *What are the (look closely at the specifics) details of my retirement plan options?*
7. *How will I be compensated (ie. production only, base salary or a combination of both)?*
8. *Do I participate in the hiring of my team members?*
9. *If unhappy with the performance of the team I am working with, what are my options to change behavior or terminate employment?*
10. *How are new patients divided up? How can I be assured that the appointment scheduler has my back?*

11. *How will the accounts receivables be handled? (Practice sale)*
12. *How many patient hours will I receive?*
13. *How will important decisions regarding the practice be determined? (Partnerships/DSO)*
14. *How much vacation time will I receive? (Employment Agreement)*
15. *Will the company pay for my malpractice insurance, continuing education, licensing fees, journals, dues, etc? (Employment Agreement)*
16. *What are the practice's last three years financial statements (ie tax returns, production reports, profit/loss statements)? (Sale)*
17. *Is there a non-compete agreement? If so, will the restrictions allow me to find employment or buy a practice elsewhere without it being unduly burdensome?*

It essential that, when a transition occurs, patients that have had exclusive scheduling, maintenance, or financial agreements with the selling dentist are addressed. Failure to delineate these issues in a practice purchase agreement, and individually inform the patients involved can lead to unnecessary complications between buyer and seller. It can also cause patients, who may already be suffering some anxiety about

losing their long term dentist, additional anxiety and frustration.

If presented with a contract, whether it is an employment agreement, practice purchase or management/service agreement (DSO), hire an attorney (preferably dental or health care specific) to look over these documents and ensure you are protected. Some of these contracts may be very long term (ie. 20 years) and can be a huge commitment, so you need to understand what you are signing up for, as these documents may affect the entirety of your career. Having an attorney and other members of your transition team (ie accountant, insurance agent and financial advisor) on your side is essential to help you through the process.

Conclusion

It is a wonderful world when we can get up every day knowing that we are winning the battle against the most prevalent infectious disease in the world (dental disease) for the patients we serve. My grandmother kept her teeth in a jar next to her bed. With implants, preventive care, and new restorative materials our patients, at least those who have access to regular care, can go to the grave with their teeth intact! Hooray for dentistry!

We hope this little book assists you in relieving the pressure of the minor emotional emergencies that occur throughout your day as well as help you cope with occasional disasters. Our ultimate goal is to facilitate the development of a happy and harmonious workplace.

Appendix 1:
Dentistry and Depression

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Introduction

The fact that heart disease and cancer run in families is well understood. Heart disease is the biggest killer in the country, and like many, I have a strong family history. My grandfather, father, and brother all died of heart disease before they reached the age of 57. (As I write this, I am 57—whew.) But I also have a strong history of depression in my family. My mother, son Eric, and nephew died of depression. Both my brother and sister and almost all of Eric's cousins on my side of the family have been treated (some hospitalized) for depression. I have suffered from depression on and off since I was eight years old. My son was treated for situational depression after surviving a car accident that killed two young teenagers when he was nine and after the suicide death of my nephew when he was 17. I wish he had sought help before

his death, which occurred immediately after another difficult situation, a break-up with his girlfriend.

I am writing this article because I believe that there is still a stigma associated with those identified as suffering from depression and also a stigma associated with taking medication for the treatment of depression. On several occasions before Eric's death, and continuously since Eric's death, I have been taking an antidepressant, Cymbalta, and am so grateful that it exists. Cymbalta is also effective in treating the joint pain associated with my arthritis. Two birds are killed with one stone, and I feel better and can move. What's not to love?

I also take lisinopril for my high blood pressure. When I was in practice, the only side effect from my medications that affected my patient care was an annoying cough (a nasty side effect of the lisinopril). The Cymbalta allowed me to get up from my chair and move from room to room without limping, and kept me from falling into the emotional pit caused by a lack of serotonin in my brain. Very few people would consider it a character flaw or emotional crutch

for me to take a medication to control high blood pressure, but there are still many who would judge me negatively because I take an antidepressant. (My character flaws are many, but completely independent of my antidepressant use.) My emotional stability not only affects me, it affects my family, my friends, my staff, and my patients. I believe that there are still many dental professionals who are suffering from depression but not seeking treatment for it because of the stigma attached. I would like them to understand that peace and joy are still attainable, with the associated positive impact on their home and practice lives, through proper treatment. For those dentists who have never suffered from depression, I hope this article helps you to better understand the family, friends, staff, and patients in your life who do.

Current Wisdom

I graduated from dental school in 1981, and since that time I have heard it said, and said frequently, that dentists have the highest rate of suicide of any profession. Actually, a 2014 evaluation of NIOSH data reported in Business

Insider reveals that among white males, dentistry ranks third when it comes to suicide. Marine engineers and physicians have higher rates. Interestingly, among white women, black men, and black women, dentistry does not make the top three.

Recently dental journals and continuing education seminars have paid more attention to health and wellness issues. It is not unusual to see articles focused on the importance of a healthy lifestyle, ergonomics in dentistry, and the management of dentists struggling with addictions. This is a wonderful trend and definitely overdue.

Surprisingly, even after the public discussion of suicide rates within our profession, I have not seen the corresponding attention paid in our dental journals to the topic of depression. According to the ADA's 2003 survey, dentists are more than twice as likely to suffer from depression than from either substance abuse or repetitive stress injury. So why aren't we talking about this? I don't know the answer, but I suspect that part of the problem is that, unlike the other two, depression doesn't typically affect

our practices in a public way. It is hard to pick it out in our colleagues, as there is no standard when it comes to mood. We all know that treating a patient with hands that are unreliable or after abusing drugs or alcohol is unethical and dangerous. Depression can, however, cloud our relationships with patients, staff, and family, and negatively affect our practices.

So—what is depression? According to the Mayo Clinic, "Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depression, major depressive disorder, or clinical depression, it affects how you feel, think, and behave, and can lead to a variety of emotional and physical problems". Depression can make the day-to-day activities of life and a dental practice difficult. People who are depressed sometimes live with the fear that seeking treatment will classify them as being "weak willed". Depression is not an illness that is easy to "snap out of".

Some types of depression run in families, although many people with depression have no known family history of the disease. Research indicates that environmental factors in combi-

nation with genetic factors increase an individual's risk for depression. Environmental factors include trauma, loss of a loved one, physical illness, a difficult relationship, or any stressful situation.[1]

Depression is a disease of the brain. The brain MRIs of depressed patients look different in the areas involved with mood, thinking, sleep, appetite, and behavior.[2] Women are 70% more likely to suffer from depression than are men, with an average age of onset at 32.[3] Depression can also be affected by hormones, and is seen more often in women after giving birth and during menopause.

Men and women may experience depression differently. Women are more likely to feel sad and worthless, with episodes of excessive guilt. Men are more likely to experience irritability and frustration.[4]

Patients suffering from depression are also at higher risk for the development of heart disease, stroke, and dementia.[5] Depression can also follow a major illness. Up to 33% of heart attack patients eventually develop depression.[6]

The good news is that depression can be successfully treated. As with any illness, the earlier treatment is initiated, the better the outcome. Treatment typically consists of medication and/or psychotherapy. Most antidepressants work on adjusting the levels of neurotransmitters in the brain, particularly serotonin and norepinephrine.[7]

Unfortunately, when it comes to depression, admitting you have it can be difficult. We live in a society in which mental illness comes with a stigma. Numerous studies from around the world show a common belief that depression is a sign of personal weakness. Many employers would hesitate to hire a person suffering from a mental illness, and if you plan to run for public office, you can expect to lose some votes.

Let's face it: For a dentist, admitting you have depression publicly would not exactly be a practice builder. But letting your physician know about your symptoms is critical. With treatment modalities improving and HIIPA laws protecting your medical records, the benefits far outweigh the risks.

It is of interest to note that in a 2006 study published in the Journal of Nervous and Mental Disease, 24% of the first 37 presidents of the United States suffered from depression. John Adams, Thomas Jefferson, and Abraham Lincoln are included in this number. I don't think we would classify any of these men as "weak willed". According to writer Joshua Wolf, "Lincoln didn't do great work because he solved the problem of his melancholy; the problem of his melancholy was all the more fuel for the fire of his great work".[8]

It is time that dentistry brings the topic of depression out of the closet and encourages our colleagues who suffer from this disease to seek treatment. We need to make a conscious effort to move our profession out of the Top 10 in the suicide rankings.

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Appendix 2: The Secret Life of Grief

*(Edited copy first pub*lished in *Northwest Dentistry July/Au*gust 2019)

Death, divorce, job loss, hurricanes, flooding, political unrest, health issues, and economic difficulties are part of life. Any of these catastrophes can affect dental office staff and patients. Those affected by loss are left in shock and grief, frequently wondering how they can cope with the world in general and, more specifically, with their personal and professional lives. Unfortunately, in dentistry, our professional lives are very public, and expressions of grief do not work easily into a relationship where drilling is involved. Our patients expect their dentists to smile and focus on the task at hand with no distractions. In the dental office, grief for any loss, is frequently suffered in secret.

Unfortunately suppressing emotional pain is not a healthy option. Repressed grief can cause depression, sleeplessness, alcohol, and substance abuse as well as cardiovascular disease.

Grappling with grief and managing its side effects are skills dentists need to understand.

If you live in a third world country or a country experiencing war or unrest, you learn about loss and grief early. But if you live in a country at peace, with a high life expectancy, you get very little training in managing grief, particularly catastrophic grief. Expecting a good life, as we typically do in the U.S., can make the management of loss and the expression of grief even more difficult.

In the fall of 2007, my brother Mike died of a heart attack, three months later, my husband Jim was diagnosed with liver cancer and a 5% survival rate. Six months after that, Jim was saved with a liver transplant. We celebrated, but only temporarily. In another six months, our world would explode. On January 31, 2009, our only son Eric, just 19 years old, died from suicide. He was a freshman at Columbia University in New York. Eric was an amazing young man. He had a beautiful heart; he was thoughtful, kind, and always looked for the person who needed help. Eric had a brilliant mind. He was a National Merit Scholar, on the Deans List and

Student Council at Columbia University and a gifted jazz pianist. When Eric came home for Christmas his freshman year, he was on top of the world. Two weeks after returning to his beloved Columbia and just 45 minutes after a breakup with his girlfriend he was gone.

Eric was the victim of suicidal depression, his natural impulsivity that made him such an excellent musician, and a brain that was not yet fully developed in managing emotional turmoil.

When Eric died, I felt as if my heart had splintered into a million pieces. I couldn't eat, I couldn't sleep, I couldn't think, and I thought for a while as if I couldn't continue. Every morning I woke up hoping it was all a nightmare only to face the horrible reality that it wasn't. I also found that for an extended period, I could no longer enjoy my hobbies or even read. I couldn't listen or watch anything controversial or violent. I could enjoy nothing.

I felt as if a big fishing net was strangling my heart and pulling me under. Emotionally I was drowning. For the next six months, I had to face my dental patients at work; most of them knew Eric and attempted to express their sorrow to

me. It was challenging. I resigned from my outside activities.

A year later, I was diagnosed with permanent nerve damage to my drilling fingers, and my clinical career in dentistry was over in one day. I asked God, "Really! Haven't I suffered enough? Why me?" At the same time, however, I realized that losing my career wasn't the worst thing that had happened to me. Losing Eric put everything into perspective.

Resilience/Joy

Resilience is the ability to bounce back. When Eric died, I thought that I would never have a minute of joy in my life again. I soon realized, however, that succumbing to that scenario would negatively affect not only my life but the lives of my family and friends.

One evening after work, Jim and I talked to a cousin. He had lost his brother at age 17 to alcohol poisoning, and his parents never recovered. He reminded us that we had two other children and that we should not ever let them feel that they were not enough for us. He said that the loss of their brother would hit them hard.

He also told us that it was our responsibility to ensure that they would not lose their parents to grief as he had. Those words hit me hard, and I resolved to immediately begin the work of climbing out of that despair pit. My ultimate goal was to find peace and joy in life again. Getting your entire life into perspective and focusing on the people currently in it is challenging but completely necessary for healing.

It is important to remember that some of us have more experience or personal skills in managing grief and therefore, may be better able to recover. The grief experience is unique to every individual and managed differently, even by those who have similar life experiences. It is also imperative not to judge others or expect certain time limitations in managing grief. Some can cope faster or easier. We can only focus on managing our losses.

I can't remember much about the first year after Eric died. The next few years, I remember putting on a smiling face but still struggling with that fishing net pulling my heart under. The net loosened up over the next few years until one day, it was gone. The net occasionally

returns still, on certain days, but it no longer controls my life. The smile on my face now matches the one in my heart.

Tasks of Mourning

Grief and mourning are different things. Grief is the personal experience of the loss, and mourning is the process that occurs after the loss. There are even tasks of mourning. Being the typical type A dentist, breaking mourning down into tasks with a definitive goal at the end was extremely helpful!

The first task of mourning is to accept the reality of the loss. This may seem a simple thing, but when something unexpected and catastrophic occurs, it is sometimes difficult for the mind to adjust to reality.

The second task is processing the pain of grief. Keeping busy, crying, talking, seeking therapy, finding a support group or a cause are different ways to process the pain. This task is highly individualized, and it is essential to make sure to work through the pain and not avoid it. Avoiding pain can cause a person to get stuck

in this task. Who wants to get stuck in permanent pain?

The third task of mourning is to adjust to the world that exists after the loss. New financial or social circumstances associated with the loss may be hard to face. It is sometimes helpful to develop new interests or even move to new surroundings. Before Eric died, I was passionate about photography (especially involving my children). After Eric died, I was unable to take pictures for a long time. Instead, I started to paint on porcelain, which was very therapeutic. The arrival of grandchildren (one of them named Eric) was immensely helpful.

The fourth and final task of mourning is to develop a lasting connection to your loss in a way that does not interfere with the process of embarking on your new life. This task involves living your present life without letting your past life interfere. It is a difficult task for most but extremely important. Many experience survivors guilt, particularly after losing a loved one, and feel that being happy somehow betrays the love they felt. It is a false guilt. For me, establishing

Rwandan libraries in Eric's name helped with this task. Eric loved to read.

Gender Differences

Men and women frequently handle loss differently, which can cause a severe strain on relationships. The critical thing to remember is not to judge each other and respect the differences. Trying to figure out "why" something happened can frequently lead you down a wormhole. Why did Eric die? Why do hurricanes happen? Why did your assistant get cancer? Why did your spouse leave you? There are no answers, and healing requires acceptance, even without understanding the "why."

Men may find it more difficult to admit they are depressed. After Eric's death, I accepted that I was suffering from depression and was treated. My husband Jim would not accept that he was depressed and was therefore not treated. However, a year after Eric died and two years after his heart checked out as healthy Jim required major heart surgery. Stress from grief and depression can have devastating effects on your cardiovascular system.

There is a stigma to being diagnosed with depression in our profession. Why? The only side effect that I have from being treated for depression is that I am happier. My husband's valve replacement and quadruple bypass, followed by another valve replacement six years later were much more traumatic and life-threatening. Let's rethink this treatment for depression stigma!

People With Grief Frequently Have Post Traumatic Stress

Frequently for a while, sometimes for an entire life, survivors of loss are bombarded by waves of grief at unexpected moments. Occasionally waves become tsunamis. For me, those waves came without warning and were frequently triggered by certain words, jazz music, or a time of year. The two most frequent triggers for me were any mention of New York or Columbia. It is incredible how many times we hear the word New York in a day. Columbia is even worse! Columbia the University, Columbia Sportswear, Columbia SC, Columbia Missouri, Columbia Maryland, Columbia the country, Columbia River, Columbia Ice field, the space

shuttle Columbia there is even an asteroid named Columbia. You can't get through the day without hearing about New York or Columbia; numerous times! Fortunately, for me, most of those triggers have dissipated. In your office, you may find a staff person or patient struggling with grief who unexpectedly needs some extra time and patience to cope with a trigger of post-traumatic stress.

Social Anxiety is Common After a Catastrophic Loss

Going out in public after a loss can be difficult. The post-loss world looks very different from the pre-loss world. Watching people enjoying life was hard. I remember the horrible feeling I would have when I saw a family with three children because I no longer had three children. It was a bizarre and embarrassing feeling. It also took about five years before I could go through an entire wedding without crying from despair instead of joy. Funerals were also hard. In a post-loss world, it is essential to understand that you will have crazy thoughts for a while and pace yourself. Give yourself time to heal and

realize that you don't have to show up at every event.

On the other hand, work hard not to isolate yourself too much. The first time at a family event or funeral might be hard, but typically it gets easier. In my case, it took several years, but I no longer have any loss related social anxiety, and I no longer count children.

Forgiveness is Important

One of the most important things you can do to promote emotional healing is to forgive. You need to forgive everyone, including yourself. Forgiveness sets your heart free. After Eric died, I went to Rwanda to bring libraries in his name and learn about grief recovery. While there, I learned that the Rwandans were also forgiveness experts. Through forgiveness, they rebuilt their country. In 1994 Rwanda suffered the greatest loss of life per day in history with almost a million people killed by their neighbors in 100 days. Most schools and major institutions were also destroyed. Because the survivors chose to focus on forgiveness rather than revenge, Rwanda is now considered one of the

safest, happiest, and fastest-growing countries in Africa. It is an unbelievable story with unbelievable people. Our country could learn a lot from Rwanda.

What Do We Do to Provide Comfort?

After Eric's death, we were blessed by numerous family members and friends. Some took care of us in our home by bringing food and helping us clean. My sister-in-law moved in with us for a week and cooked for us. Linden Dungy, a neighboring dentist, shared wisdom from his brother Tony Dungy who had lost his 19-year-old son under very similar circumstances. We met every week for lunch. Others helped me write thank you letters, took us out to basketball games and invited us out to dinner. I can't tell you how grateful I am for these wise and caring friends.

One of the most important things you can say to someone who has suffered a catastrophic loss is that you are sorry for their loss. Hug them, help them with errands or food, and don't forget about them after the funeral is over.

Frequently I wished that I could go to sleep for about ten years, hoping to wake up healed. But it doesn't work like that after a loss. We all have to go through the mourning process. We all have to learn that the life we knew no longer exists, and we have to build a new life based upon what we have left. If you are lucky, it takes months, but in many cases, it takes years to redirect your life to a point where you are no longer overwhelmed by your past or worried about your future. The key is to live in the moment and experience the simple peace and joys that are right in front of you. I am 62 years old, and I can tell you that the most significant accomplishment in my life outside my faith and my family is that I can live in the moment. I can 100% enjoy weddings and holidays with my family. I can 100% enjoy spending an entire day with my grandchildren, and I can 100% enjoy giving them back to their parents tired and full of sugar. Life is good!

In reality, we can't control bad things happening to us, but we can control how hard we work to recover. Grappling with grief takes a lot of hard work and also takes time. It may

even take more time in dentistry because of the unique nature of our professional life and the stigma and secrecy we encounter. In my experience, however, the hard work and the faking of smiles until the real ones emerge are totally worth it.

Appendix 3: "Keeping Out of Harm's Way": Pearls, Pitfalls, and Lurking Perils of a Life in Dentistry

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If vigilance and planning aren't your cup of tea, may we offer a courteous word to the wise? Everyone knows there is a lot to learn on the road to life as an adult, and everyone agrees there is a lot to handle once you get there. What just about everyone would like to ignore is the attention required to maintain that good forward momentum before the red lights start going off and "attention required" takes on a whole different meaning. The authors of our cover feature have put together a walk-through of stuff everyone should be prepared to revisit over and over on the journey. Expect asterisks, make having a Plan B second nature, respect the unexpected, and remember, there are a lot of other agendas out there just waiting to take a bite out of yours.

Kimberly A. Harms, D.D.S.* & Hillary Harms Becchetti, J.D., Ashley Harms O'Connor, J.D.,† & Anna Hermann, R.N., B.S.N., M.B.A.‡**

In 2016, the *U.S. News and World Report* magazine ranked orthodontics and dentistry as the number one and number two best jobs in the U.S. According to the report,"A comfortable salary, low unemployment rate, and an agreeable work/life balance boost dentistry to a top position on our list of Best Jobs." I couldn't agree more! But even with great professions, there are pitfalls. Staff management, partnerships, associateships, third-party interference, OSHA, taxes, and patient expectations can all result in daily headaches and sleepless nights. How do we enjoy the full benefits of our great profession and maintain our personal peace and happiness throughout life? How do we stay out of harm's way and maintain emotional, legal, and physical health?

It takes a lot of preparation, knowledge, and focus to survive a career and thrive in retirement. Following are 10 tips to help you do just that.

Tip #1. Focus on Building Trust in Your Personal and Professional Relationships

Trust is your number one practice builder and your number one relationship builder. The most important thing patients want in a dentist is a caring attitude. They want to know that their dentist puts their needs first.

David Horsager, in his book *The Trust Edge,* describes eight essential pillars of trust:

- clarity
- competency
- contribution
- compassion
- commitment
- character
- connection
- consistency

All are required to build trust, but the loss of just one pillar can destroy it.

Tip #2. Beware of "Get Rich Quick" Dental Programs

Although the vast majority of practice management consultants focus on helping us provide excellent patient care in an efficient and

effective manner, there are a few practice management groups that focus on profit over compassionate care. These programs recommend breaking almost all of the trust building pillars, and frequently damage long-term patient relationships. Stick with management techniques that help you deserve high levels of patient confidence.

Tip #3. Be an Intentional Leader

Many of us would prefer to just be left alone to provide clinical care. Some of us are in practice situations that allow this. But those who own their practices must lead their staffs in a way that focuses on practice goals. This also includes taking responsibility to make sure your office follows all OSHA and HIPAA regulations.

According to Dr. Mary Smith, a former ADA Trustee, dental offices should not only have designated time devoted exclusively to regulation updates, they should have additional time in every staff meeting devoted to reviewing these regulations. These meetings should be documented, and this should include the staff members present.

Even if all educational protocols are followed, the dentist is held responsible if a staff member violates an OSHA recommendation. If staff members refuse to comply, it is the dentist's responsibility to terminate that staff member. When it comes to HIPAA rules and regulations, however, if the dentist complies with all education protocols and properly documents them, it is the staff member who bears responsibility for the violation.

When it comes to staff management, maintaining trusting relationships, setting clear expectations of behavior, keeping patient needs as the practice's first priority, and holding all staff members accountable for their performance is essential. By allowing low-level performance to continue in one staff member, you encourage low-level performance to become the standard.

Tip #4. Identify (and Eliminate) the Elephants in the Room

Dentistry is a people profession. Passive-aggressive and grumpy behavior is not acceptable. Do your best to help those who do not understand this that a pleasant demeanor is required.

Patients have more leeway here, but they should not be abusive to staff. Make sure you document your corrective efforts in a compassionate way and in writing.

However, it is also true that you cannot make unhappy people happy. If people can't be happy in your office, you need to help them move to a new job (or to a new dentist) where they can be happier. Of course, this assumes that you follow the same standards of pleasant behavior and are faithfully demonstrating all of the trust pillars.

Tip #5. Clear the Air on a Regular Basis

A safe and effective system of conflict management is essential to keep a staff team working well. Have daily huddles, monthly staff meetings, and regular staff evaluations. If a problem arises, make sure you have a written plan in place, and that everyone knows how to proceed to bring "resolution instead of revolution".

Tip #6. Understand Basic Employment Law

Whether you are an employer or an employee, it is essential that you understand basic employment law, especially the big ones: Wage garnishment, embezzlement, and sexual harassment are just a few examples. Employment law can be regulated by both federal and state governments. Go to an employment law class, or get a reference book and read it. When in doubt, contact your attorney. Ignorance of the law is not a defense. If you do something illegal, even if you didn't know it was illegal, you are still liable. Don't get yourself into a situation where you are sued, or worse, arrested, because you did something to violate employment law. Educate yourself.

Tip #7. Read Your Contracts, All of Them, the Important Ones with your Attorney

It is absolutely essential that important agreements are clarified in writing. Most big corporations have their own attorneys or attorneys on retainer to review agreements. Many dentists are slow to get legal help, but when you are making decisions that could affect your life

for many years, it is important to have an expert in the field of contract law help you. If you are buying or selling a practice, if you are hiring an employee or accepting an associate position, every significant component of your job should be clarified in writing. This includes working hours, hygiene checks, scheduling protocol, staff assignments—the list is long.

It is just as important to read the fine print in real estate transactions as well. According to Tom Junilla, a dental real estate specialist and president of Junilla Company Incorporated, mistakes made in this area can have dire consequences.

"One dentist," Mr. Junilla reports, "failed to insist on a term for her lease and found herself forced to leave her office suite shortly after she moved in." Imagine the cost in that case. Beware of verbal agreements. If you make an agreement with someone, there is no downside to writing it down—unless one party does not plan to honor that agreement.

Tip #8. Practice Gratitude in Thought, Word, and Deed

Gratitude is one of the most important characteristics you can develop in your life. It lifts your spirit and the spirits of those around you. It is healing. It is an unfortunate fact of life that disaster can happen at any time. Our family has been through our share of tragedy, including the loss of a child, and practicing intentional gratitude through every difficult time has had an amazing effect on our emotional recovery. How often do we focus our attention on a loss or what we don't have? Those thoughts sometimes become a constant ticker tape in our heads. By learning to intentionally focus on replacing those thoughts with thoughts of gratitude for what we do have, we can change our lives in a positive direction. It is also important to express and show our gratitude. Imagine how much we can lift the mood in our offices by thanking every patient and thanking staff members for their service. We have so much for which to be thankful: We work in one of the best professions; we live in a free country; the list goes on, and each of us, I am sure, has his or her own

version of it. If you need any help in internalizing your observations and thoughts in this area, just visit a third world country. I would recommend Rwanda.

It is Africa's happiest country, and has the best model of forgiveness anywhere.

Tip #9. Prepare for the Future!

Dentistry is changing all the time. When I started dental school, scientists were predicting that a vaccine against dental caries was imminent and our profession would be eliminated.

That was almost 40 years ago, and we are still here. You never know what will happen, but it is important to keep abreast of changes in our profession and plan accordingly. The number of dental graduates, retirement trends, the influence of corporate dentistry, government coverage, insurance trends, student debt, and the economy all affect dental practices. Patient trust also plays a big role. Make sure you are aware of the information your patients are paying attention to outside of your office. Some internet sites, such as Choosing Wisely, will consult with organized dentistry. Some present their recom-

mendations without researching them at all. If your patient wants to look up something about dentistry on the internet, wouldn't it be great for them to check your website (or ADA.org) first?

Tip #10. Keep in Mind That Dentistry is Your Profession, Not Your Life

Due to an unfortunate radiculopathy in my drilling fingers, I had to retire from clinical practice at the age of 54. It was not a happy time for me. Dentistry does not prepare us for retirement. As dentists, we are the kings or queens of our own little practice castles. Our team members plan our days, prepare the rooms, and prepare the patients in anticipation of our arrival. Our assistants clean up our mess when we are done. We don't even have to reach for our instruments; they are handed to us! No wonder the retirement age has been going up the last few years! Who wants to leave one of the world's best professions and lose all that attention? But retirement can be wonderful as long as you have planned properly both financially and emotionally. Get a hobby, begin volunteering in something about which you are passionate, and

keep your personal relationships strong. One of the biggest predictors of lifetime happiness is maintaining close personal (including family and friends) relationships. Taking people for granted is as silent a killer of positive energies as other types of unhealthy borderline habits, and should it fall into a pattern with one or more addictive behaviors of any kind, can contribute to destroying those relationships. Trite as it sounds on the face of it, the advice to stay on the straight and narrow, and if you fall, do everything in your power to get back up has stood the test of time.

We start our dental careers with every opportunity to enjoy our work and our lives. By focusing on intentional leadership, compassionate patient care, continuing education in all areas of dental practice, and maintenance of our character, we can steer our way through a life of significance both during our career in dentistry and beyond.

Keep your Temper

Hillary Harms Becchetti, J.D., Civil Attorney

Q: If a dentist finds him- or herself in a dispute or facing legal trouble, what would be your most important recommendation?

A: If you are facing legal trouble in your practice, whether it be disputed contract negotiations or malpractice, the best piece of advice I can give is to stay calm! Contact an attorney if you have not already done so, and let him or her take care of it. If your legal issue is with someone with whom you work, a partner, employer, or employee, do not discuss the case with that person unless absolutely necessary. Do not bring your dispute into work. If the dispute gets heated, do not lose your head. If issues arise, let the attorneys handle it. I realize this is perhaps easier said than done at times, but almost always in a legal dispute, cooler heads prevail. Do not make a bad situation worse. Hang in there, and trust your attorney. You hired that professional for a reason.

Crimes and Misdemeanors

Ashley Harms O'Connor, J.D., Criminal Attorney, Former Assistant Prosecutor

Q: Please explain the difference between criminal and civil offenses and how the most common criminal complaints against dental professionals are classified.

A: We are a nation of laws, and it is important that all business owners are aware of the laws that govern them and the consequences for breaking them.

A *civil offense* is against a wronged party, and is frequently punishable by the payment of money or other recompense.

A *criminal offense* is considered an offense against the state or society as a whole and the victim. The punishment for a criminal offense is typically jail time or probation.

Contract issues are typically civil matters. Malpractice is more often than not a civil matter rather than a criminal matter. In order for malpractice to cross over from the civil to the criminal, there must be a "gross or flagrant deviation from the standard of care".

Larceny involves the wrongful taking of property with the intent to permanently deprive the owner of that property.

Swindle means taking something through a fraudulent method or "larceny by trick".

With *embezzlement*, the property is taken by someone already entrusted with it.

All three are a form of stealing. The only difference is how the perpetrator got the goods to begin with.

Embezzlement is a criminal offense and could be a misdemeanor or felony depending upon the amount of money or goods taken. Most dentists understand that embezzlement can be committed by an employee, but a partner or employer can also be an embezzler. The American Dental Association has great online resources designed to help dentists prevent embezzlement.

A misdemeanor is a less severe offense than a felony, and is typically punishable by less than a year in jail, a fine, or probation. Felonies are punishable by one year to life in jail (although probation is still available). As well, after com-

mitting a felony, you lose certain rights, such as the right to own a gun.

Fraud is an intentional deception, and negligence is the failure to exercise the care that a reasonable person would expect. In a dental office, fraud or negligence can occur in many areas, including billing of either the patient or insurance company, or paying taxes. Fraud is typically a more serious offense, and in some cases can be considered a felony.

Be Passionate About Your Goals

Anna Hermann RN, BSN, MBA
Director of Nursing, Cardiac Care, United Hospital, Saint Paul, Minnesota

Q: What is the best advice you can give to convince team members to enthusiastically accomplish your goals?

A: Whether you are a new leader or an experienced one, it is imperative that you have the support and trust of your team to enthusiastically execute your goals. True leaders invest quality time with their employees and make personal, genuine connections with them. This first step must happen before one can expect

"followership". Your team needs to have faith that you are looking out for their best interests.

People are more likely to support and follow leaders they "like".

Human beings often make decisions based on emotion first and rational or objective thinking second. So while it is imperative that leaders have a personal connection with their employees, it is just as important that leaders are knowledgeable and invested in their own goals. It is often stated that leaders need employees to "buy in" to initiatives and goals set by leadership. The term "buy in" infers that there is something to be "sold". In my experience, this scenario does not exactly exude ideas that would in turn lead to inspiration in employees. Stellar leaders should be passionate about their goals and articulate the reason the initiatives are necessary. Invest quality time and build trusting relationships with employees, and in turn they will be invested in helping leadership achieve their goals.

About the Authors

Kimberly Harms, D.D.S.

Dr. Harms offers a unique perspective in the areas of crisis, loss, transition and conflict management. She draws from 30 years of clinical dentistry service in both public health and private practice settings, teaching experience (dental students and residents) at Loyola University School of Dentistry and numerous leadership roles (including President of the Minnesota Dental Association and Chair of the ADA's Council on Communication). Dr Harms is an award winning author and international lecturer. She is also a Qualified Neutral (Civil) Mediator in the State of Minnesota and a former grief counselor. Dr. Harms currently works with her daughter, Hillary Becchetti, J.D., at Pine Lake Law and Transitions as a mediator and conflict and transitions consultant. Dr Harms currently serves at the "Complaint Desk" listening to patient complaints for Peer Review for the Minnesota Dental Association.

For 21 years Dr. Harms, in her role as a Consumer Advisor and National Spokesperson for

the American Dental Association, has appeared on their behalf on the Today Show, CNN, Fox News, National Public Radio and network affiliates such as CBS, NBC and ABC. In addition, she has been quoted in the New York Times, Wall Street Journal, USA Today, Consumers Digest, Washington Post, Chicago Tribune, Buzz Feed, Shape Magazine and Cosmopolitan.

Her article, Keeping Out of Harms Way: Pearls, Pitfalls and Lurking Perils of a Life in Dentistry, received the International College of Dentistry's Leadership in Journalism Award for 2016. Other national awards include the American Dental Association's Access to Care Award and the American Student Dental Association's Advocate of Excellence Award.

Dr Harms' mission is to help participants gain the knowledge and skills to be able to work their way through inevitable loss, transition, conflict and grief.

Hillary Becchetti, J.D

Hillary Becchetti, J.D. is an attorney, transitions broker, author and speaker. She is also the founder and owner of Pine Lake Law, a dental law and transitions firm dedicated to guiding dentists from dental school graduation through retirement. Her practice focuses on dental practice transitions, associate contracts, estate planning, ongoing business needs, and conflict management.

Hillary's first job was in a dental office. Both of her parents were dentists and she grew up working in their clinic and attending dental meetings. She uses this inside information to help serve the dentists of South Dakota and Minnesota with their legal and transition needs.

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*Legal Disclaimer: Although the author of these materials is a licensed attorney and/or is employed by a law firm, nothing in these materials should be taken as legal advice for a specific case, but purely general information regarding conflict management. If you have any specific legal needs, please consult an attorney or other professional licensed in y*our state.

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