



Mary H. Osborne, Resources

## PRACTICE RENEWAL

A Leadership Guide for Dentists

### Consultative Relationships

A new model has been emerging for the relationship between patients and healthcare providers. This new consultative model involves healthcare providers being seen as advisors, and patients being actively involved in the decision-making process. The term “client” as opposed to “patient” comes out of this model. A “patient” is someone who is sick and must be cared for by others. *A “client,” on the other hand, is someone who is well and capable of participating fully in making choices.* In a consultative model there is a sense of shared responsibility for care and for choices. It could be described as an adult/adult relationship.

The old model in healthcare was one in which healthcare providers were expected to have all the answers, and patients were expected to do what they were told. The “good” patient was the compliant patient. It was more of an adult/child relationship. That model has been changing for some time now, but both patients and healthcare providers cling to the old model, even as we aspire to a new one.

We all have a long way to go in establishing consultative relationships, and it won’t happen overnight. I see it as our challenge, *and our opportunity*, for the future of dentistry.

Since we’ll be talking about developing

consultative relationships with people, I’ll be referring to “patients” as “clients” throughout this newsletter. The exception to this rule will be when I refer to the old model of working with “patients.”

### From Old to New

Consumers want choices in regard to their healthcare. They want to be informed, and they want a voice in exploring options. They may search online, request second opinions, consult with alternative care providers, or talk to their neighbors. Actively or passively, they say, “You can’t tell me what to do.” But even as the culture moves away from the adult/child relationship of the past, there are elements of it that remain. In many cases patients still believe that doctors should have all the answers, and that doctors are ultimately responsible for the success or failure of treatment.

Healthcare professionals, on the other hand, want clients to take responsibility for their own health: to exercise, eat a healthy diet, live a balanced life, and to brush and floss their teeth. We want them to be interested and curious about health and to make informed choices that will serve them well. But we also have not quite let go of the old mind-set, even as we move toward a new one. We often still believe

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we know what is best and resent questions that seem to challenge our recommendations.

## Redefining Trust

The foundation for any healthy relationship is trust. The *American Heritage Dictionary* defines trust as “confidence in the integrity, ability, character, and truth of a person or thing.” In the old healthcare model blind trust in the healthcare provider was assumed. Patients never questioned doctors’ motives, and they saw doctors as knowledgeable and competent to make decisions on their behalf. Today both motive and competence are questioned. In some ways patients have gone from *blind trust* in healthcare providers to *distrust* of healthcare providers and of the healthcare system.

A new consultative relationship is slowly emerging. The dictionary definition of *consult* is “to exchange views; confer.” *A consultative relationship is based on mutual respect and shared responsibility for decision making. It assumes that both parties have integrity, ability, character, and truth. It encourages questions instead of assumptions, and curiosity instead of skepticism.* This new relationship looks at trust from three perspectives:

◆ **Motive.** A consultative relationship takes into consideration the motives of both parties. Clients are asked to clarify what

they want, and doctors are asked to do the same. There is a place for all motives: clients wanting the best value for their dollars is okay, and doctors wanting to be well-compensated for their work is also okay. Doctors have a right to want to do their work in a way that allows them to feel fulfilled, and clients have the right to want the easy way out of their problems. The goal is clarity, which allows each party to determine if their motives are compatible.

◆ **Knowledge.** In this consultative model both parties have information that is useful to the process. Some information is external, such as training, research, or evidence which doctors or clients bring to the process. Some information will be internal, including instinct, perspective, doubts, or fears. Both doctors and clients have something valuable to contribute in a healthy exchange of ideas, rather than a power struggle over who is “right.” Doctors in this model don’t roll their eyes when clients come to them with printouts from the Internet. There is respect for each person’s individual process. The goal is for both parties to be as fully informed as they can be.

◆ **Judgment.** The combined judgment of both parties takes into consideration motive and knowledge, and filters both through individual values. Clinician

Mary H. Osborne’s *Practice Renewal* is published by Mary H. Osborne, *Resources*. This leadership guide is designed to challenge, inspire, and support dentists and their teams.

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provider and client have the ability to make judgments about what is best. Their education and experiences are different, so they may come to different conclusions. However, both conclusions are valid. Recommendations are just recommendations, and clients may accept or reject them without rejecting the doctor personally or indicating a lack of trust.

### Intimacy

Most fee-for-service dental practices today pride themselves on knowing their clients. They don't treat people like numbers. They treat their clients as individuals whom they know and care about, by remembering their names and the names of their children, and knowing their occupations and interests. That level of understanding has worked well for many practices, but there is a higher level of relationship to which you can aspire, and which is more appropriate for the choices you want to help your patients make in dentistry today. It is a more intimate relationship.

When I speak of intimacy, I'm not referring to social friendships. I'm talking about intimate professional relationships that have a high level of understanding and trust. Intimate can be defined as "pertaining to or indicative of one's deepest nature." Someone's "deepest nature" refers to the values by which a person lives. It also speaks to an individual's attitudes and beliefs, aspirations and limitations, and fears.

In a consultative relationship trust is *not* based on authority. Instead, trust is based upon how well clients feel they know their doctor and, perhaps more importantly, how well they believe their doctor knows them. ***For clients to trust you as an advisor, they have to believe you not only know your craft, but also that you know them well enough as individuals to help them make choices.*** This type of relationship asks for a higher degree of intimacy than the traditional healthcare model offers.

Your ability to connect with your clients on an intimate level represents the one truly unique service you can offer. In a healthcare system often seen as lacking in compassion, your ability to create intimate relationships enables you to help your clients make sometimes difficult choices about their healthcare. That quality shines like a beacon in the fog, attracting people who want personalized service.

### Dealing with Loss

A dentist in a class I addressed at the Pankey Institute spoke movingly about a client who told her she had recently learned her husband was dying. The client said that the physician who delivered this news asked if she had any other questions, *while his hand was on the doorknob.*

That story moved all of us and led to a discussion of its application in dentistry. While we don't often deal with life-threatening illnesses in dentistry, we do deal with what Dr. Rich Green referred to as the "loss of a measure of health." Dr. Green reminded the class that whether we are discussing the loss of teeth or any other aspect of dental breakdown, realizing that our clients do experience a loss is important.

How often have you delivered information about decay or disease with your hand literally or figuratively *on the doorknob*? As with any loss, clients may have to work through denial, anger, and all the other stages of loss in order to get to acceptance. ***Our challenge and our opportunity is to support them in that process.***

### From Authority to Intimacy

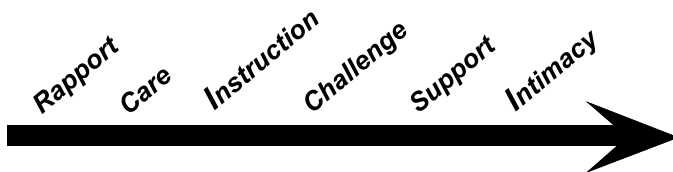
In the old model of dentistry, in which healthcare providers are authority figures, the role of the clinician is to figure out what patients need and tell them what to do. There is a lot of prescribing or "speaking at" the patient in this type of relationship. This model assumes an "up/down" position where the doctor is up, and the

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patient is down. This relationship tends to involve one-way conversations, which focus on teaching and telling. The assumption is that the doctor is the person with all the valuable information.

How can you get to professional intimacy with your clients? Perhaps you might look at it as a relationship continuum. Picture a horizontal line with an arrow pointing to the right. The left end of the continuum we call rapport, and on the other end is intimacy. Along that line are various stages of relationship most of us have experienced in a dental practice. As you move along the continuum from left to right through rapport, care, instruction, challenge, support, you reach a greater level of trust and intimacy.

## RELATIONSHIP CONTINUUM



- ♦ **Rapport.** Rapport refers to a connection with another person. It comes out of the perspective that people like other people who *like* them or who have shared interests. Building rapport with others might involve complimenting the other person or looking for things you have in common. Conversations about shared interests or shared friends help to build rapport. This is the way we tend to begin most social, and many professional, relationships.

I have rapport with the person who cuts my hair. This relationship is friendly and involves an exchange of information about non-business matters. The assumption is that if we like each other, we will be more comfortable working together — and it's true.

- ♦ **Care.** At this level there is a deeper interest in the other person's life and concern for her well-being. Care comes out of genuine understanding and empathy. Conversations may

involve sharing significant joy or pain. You may learn details about your clients' personal lives that not very many people know. You may support them in times of emotional distress or celebrate significant events in their lives. Care goes beyond simple conversations to knowing what really matters to people and wanting the best for them.

I have friends and neighbors about whom I care. I listen to their problems and worry about them when they are unhappy. I know they feel similarly about me and would be there for me if I needed help.

- ♦ **Instruction.** In a healthcare relationship the clinician has a responsibility to provide information to the client. As we learn about our clients, we share information we have that applies to them. We help them see what we see and what we believe to be the causes and results of the conditions that are present, as well as sharing our recommendations.

Ideally, this education is offered in the original sense of the word which comes from the Latin *educare*, meaning "to bring forth knowledge." This involves helping clients become more aware of existing conditions and changes that occur. It empowers them to explore options and helps them see life-enhancing possibilities. This kind of education is different from the information given in the authority mode in that it is based on what you know about the *person* as well as what you know about *dentistry*.

- ♦ **Challenge.** This level of relationship involves going beyond caring and informing to taking risks in the relationship. Gently challenging someone you care about comes out of a commitment to contribute to the other person's long-term well-being. It may involve asking questions that are difficult for you to ask and difficult for the other person to hear. It involves a responsibility to help the other person grow in some way. Challenging another person also involves encouraging them and showing confidence in their

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abilities. We sometimes put the relationship at risk in order to fulfill that commitment.

I have this kind of relationship with my children, closest friends, and clients. I feel a responsibility to gently challenge them without judgment or blame by holding up a mirror for them, so they can see themselves as I see them. They are free to choose their response to my observations, and I will not care for them any less no matter what they choose.

- ♦ **Support.** At this level there is a commitment to help people work through the difficult choices and decisions they have to make. Beyond informing your clients and asking them challenging questions, your support involves providing a forum for them to process the information and their responses to it. At this level we create a safe environment where they can go through the stages of loss and express their thoughts and feelings about what they are learning about themselves.

Supporting people as they struggle with loss and values conflicts is not easy. They often have to choose between optimal health and other things that are important to them: trips, education, or other purchases for which they have saved. We may either be inclined to want to “let them off the hook,” or we may judge them harshly for their indecision or unwillingness to act in what we see as their best interest. Maintaining the delicate balance between attachment to our own outcomes and supportive encouragement can be difficult.

Engaging in this level of relationship requires detachment. Cultural anthropologist Angeles Arrien describes detachment as “caring passionately from an objective place.” The most effective healthcare practitioners believe *passionately* in what they offer their clients. They have a deep commitment to health in general and to the well-being of their clients. They know they have something of great value to offer people, and they offer it enthusiastically and without reservation.

### Moving Along the Continuum

How do you reach the level of intimacy you need to build trust and help your clients work through the complex choices they face in dentistry today? Getting to know each other gradually and demonstrating your trustworthiness can take years, or it can happen much more quickly.

The way we move along the continuum between rapport and intimacy can vary depending on a number of factors. Achieving professional intimacy with clients is a worthy goal, but there is no right or wrong way to achieve it. How you progress is related to several things, among them: time, culture, and personality styles.

#### Time

Knowing someone for a long time often results in some level of intimacy. Over time you are likely to experience people in a variety of emotional states and vulnerabilities which encourage increased intimacy. Trust may develop as you demonstrate that you genuinely care for them as a person, and that you will not take unfair advantage of them and have their best interest at heart.

This is the most common way to establish intimate relationships in dentistry, but it is not the only way. There are probably people in your practice who are willing to move more quickly along the continuum if you allow for that possibility.

#### Culture

Different parts of the world, and even different parts of North America, approach intimacy in different ways. Students from Spain attending a course at the Pankey Institute expressed surprise at how willing the American dentists were to talk about things the Spanish



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students would have thought too personal.

There are also cultural differences between communities in the United States that influence the ways people get to know each other. In a small town, for example, knowing someone's family may be an important factor. In other communities that may have no relevance whatsoever.

Questions about family and occupation are commonly seen as “ice breakers” in social situations, but they may or may not be necessary or appropriate in developing intimate relationships with your clients. If you allow them to lead the way in opening up those topics, instead of assuming you have to begin with this kind of conversation, you are less likely to go in an inappropriate direction.

## Personality Styles

Some personality types find it easier to reveal themselves than do others. Our psychological type does not limit us, but our relationships are affected by it. The more you know about and accept yourself, the more authentic will be your relationships with others. Your ability to authentically share who you are and your clients' ability to share what is important to them influence your ability to create intimacy. Appropriate self-disclosure is a key element to intimacy.

The most important thing to remember in building trusting relationships is to represent yourself honestly. Trying to be something you are not can sabotage any trust you've begun to establish. Authenticity is the most powerful communication tool at your disposal.

## Barriers to Intimacy

Regardless of where your relationships with your clients currently are on the continuum, you can move toward greater intimacy if you want to do so. How you do that is up to you. There are some attitudes and behaviors that slow down the process.

- ♦ **Assumptions.** Most of the barriers to intimacy with our clients are *our* barriers, not

theirs. The barriers come out of our assumptions about what is expected of us. For example, we live in an extroverted culture that seems to place a lot of value on the ability to chat easily about another person's interests. You may assume you are expected to make conversation about families, hobbies, or occupations. If that sort of exchange is not natural for you, then your words will probably come off as somewhat contrived. Your clients may sense your discomfort and come to share it. Finding a way of relating that works for you as well as for your clients is important.

- ♦ **Lack of Engagement.** Some dentists suffer through the “friendly” phase and heave a sigh of relief when they finally feel they can move into giving information. Too often genuinely caring people fail to express that part of themselves and skip from friendly chatter to informing, missing entirely the *caring* element of the continuum.
- ♦ **Small Talk.** People who feel very comfortable in friendly conversation can get *stuck* at the level of rapport and find it difficult to move into deeper levels of intimacy. The transition can be more difficult once they start chatting. I remember observing a hygienist bringing a patient back to the chair and asking about her trip to Disneyland. Fifteen minutes later they were still talking about Disneyland. The hygienist had learned a lot about Disneyland but almost nothing about her client. How often have you found yourself struggling to shift to more meaningful conversations with your clients?
- ♦ **Scripts.** Scripts and questionnaires can also be barriers to intimacy. Trying to use language that is not comfortable for you can get in the way of your ability to be spontaneous. You can miss important clues your clients leave you if your questions are just blanks to be filled instead of reflections of genuine interest.
- ♦ **Strong Desire To Be Liked and Accepted.** A strong desire and need to be liked and accepted can also become a barrier to intimacy. If

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you become too invested in what your patients think of you, you may be less willing to make yourself vulnerable. You may be reluctant to ask some important questions or to give your clients information they do not want to hear.

Keep in mind that the left side of this continuum is more social, the right side more specific to health. Building rapport can be an important first step in relationship building. If your clients like you, they are more likely to believe you care about them. If your clients believe you care about them, they are more likely to see information you give them as relevant *to them*.

As you move from left to right on the continuum, you can engage in a more consultative relationship. The process can go slowly or quickly. It can also be quite simple and natural, if you do it in a way that is appropriate to your style and to your clients' style.

### Approaching Intimacy

The single biggest factor in moving into more intimate and trusting relationships is your approach. More than the questions you ask or the information you share, the way you come to the relationship influences your ability to build trust and intimacy.

The profession of dentistry is strongly identified with focusing on what is wrong and then fixing it. With the best of intentions, we have traditionally put our attention on what is wrong with our patients. We are trained to look for deposits, evidence of breakdown and disease, and other potential problems.

We may sometimes see helping our clients make healthy choices for themselves as an uphill battle. We feel a strong responsibility to fix our clients' teeth, their home care, and their attitudes about health. We can, however, develop attitudes and communication skills, which have a more positive focus.

- ♦ **Curiosity.** What if you approached interactions with your clients in the same way

you approach other relationships that are moving toward intimacy? What if you were able to approach each person with a sense of excitement, wonder, and curiosity? In the beginning of most intimate relationships, we look for what is unique and special about the other person, instead of what is wrong. That person also gets to see himself in a new way, as reflected through our eyes. How would your practice be different if you came to your clients in that way?

- ♦ **Being Open to Possibilities.** I know how hard keeping a fresh perspective is, especially with long-term existing clients. It is difficult to stay focused on what is possible for your clients when you have years of evidence indicating they are not going to change. With new clients you may be inclined to focus on the difficulty in getting them to trust you. But you are more likely to help all your clients move beyond their current situations if you *hold the possibility that everything is possible for them*.

- ♦ **Listening.** Ask yourself before you work with a client what you believe about him. Forming judgments about people for various reasons is only natural, but if you come to believe that there is nothing new you can learn from them, then you limit your effectiveness. Challenge yourself to listen for evidence that they can create positive change in their lives. If you listen for it, you are more likely to hear it.

As you help a client see what you see, your support and reinforcement of his choices will encourage his confidence to grow. Consequently, your confidence in him will also grow, as will your optimism about your clients in general.

### Listening with Intention

When you come to a relationship with genuine optimism, caring, and curiosity, you may be surprised by how quickly you can move along the continuum to intimacy. Listening deeply to another person can reflect a level of caring that many people have never experienced. When you listen with focus and intensity, you

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hear the essence of who the other person is. When you reflect back values you hear and identify those that are also important to you, clients know they have found the right practice for them.

You may be surprised at how simple it is to connect on the level I've been describing. You may find you have been trying harder than is necessary.

I had an experience at a workshop in Colorado that reminded me of how that can happen. I was involved in a role play exercise in which I was supposed to have recently moved to the area and another participant was interviewing me as a new client. He began with some light conversation and then got into more significant dental questions. I responded as authentically as I could, as if I really had moved to Colorado.

When we were finished, he said he was disappointed that he couldn't think of good opening questions. I told him I thought his questions were fine. For example, he had begun by asking me what had prompted me to move to the area. I thought that was a good place to start.

I asked him if he remembered my response to his question. "No," he said somewhat sheepishly, "I wasn't listening." He came to realize that in asking that question, he was merely making idle conversation. He was not particularly interested in my response, he was thinking more about his next question. Haven't we all done that?

There was nothing wrong with his question, but the way he came to it made it ineffective. The difference between effective questions and ineffective questions has more to do with the *intention* behind the questions than with the way the questions are asked.

## Listening for Shared Values

The interesting thing is that if he had listened he would have learned some important

things about me from my response. You see I told him that I moved to Colorado because of the natural beauty of the area. I said that I had lived in Seattle and loved the mountains there, and I enjoyed Colorado for the same reason. Do you hear the values statements in my response?

If you are open to it, you might hear a strong esthetic value that could translate into esthetics in dentistry. You may also hear that I am a person capable of making values-based choices for myself because I saw the move to Colorado as a choice. It was also a quality of life choice, so you may infer that I see myself as in charge of my life rather than a victim of circumstances.

If I were a client in your practice, your role would not be to make assumptions about me but to hold up a mirror for me. I may not be aware of the values and attitudes that have affected my decisions in the past, but they will probably affect my future decisions in dentistry. If you are able to feed those values back to me, you can help me to act on them more consciously in the future. If I come to understand that we share those values, then I am more open to a trusting relationship with you.

*"I chose Colorado for similar reasons, Mary. It sounds like you are a person who makes choices based on the quality of life you want for yourself. Is that true for you?"*

*"I never thought of it that way, but I guess I do."*

*"Wonderful, because that's one of the things we believe contributes to health. In this practice we enjoy working with people who want to be involved in making choices for themselves."*

There are any number of connections that could have come out of my responses to the original question. You could have followed my comment about the mountains by asking me if I liked to ski. There would be nothing wrong with that question in and of itself. Particularly if you like to ski, we



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could discover something we have in common. I would have felt welcome and comfortable. We would have started along on the continuum. The depth of our connection would not be as significant for me, and it might take us longer to get to intimacy, but that might be just fine.

I use this example to illustrate that I would have been ready to move more quickly toward a high level of trust and significant conversation about my dental health. There are probably clients who would feel the same in your practice.

### The Right Way for You

I didn't share this story with you to demonstrate the "right way" to interview a client. The right way *for you* must fit with your style, values, and practice philosophy. There is not one right way to form relationships, but there are questions you can ask yourself if you want to further explore the continuum:

- ♦ **How Are We Doing?** If what you are doing is working very well for you, you may not want to change anything. If you are very comfortable, and your clients report a high level of satisfaction and consistently make healthy choices for themselves, you are probably managing to connect with them on a significant level. If not, then ask yourself where your relationship with each client is on the continuum. If you want to take your relationship to the next level, you can choose to do so.
- ♦ **Where Is Your Focus?** Whatever the conversation, the more you focus on your client, the more effective you will be. One of the ways in which a consultative relationship is different from a social one is that it is client-centered. If you share something about yourself, ask yourself if you are doing it for the client's benefit or for your own benefit. Are you talking about skiing to help make your client feel more comfortable, or are you using the opportunity to talk about something you enjoy? You can choose to talk about skiing, but be clear that you are choosing

rapport over intimacy. Don't expect to go easily from rapport to challenging conversations about health.

- ♦ **What Assumptions Are There?** Ask yourself what assumptions you are making in the relationship. Whether with a new or existing client, are there assumptions that are getting in the way of your relationship moving to a deeper level? How can you check them out? If you hold some limiting beliefs about this person, strategize with your team about how to break through those beliefs. Perhaps there is someone else on the team who might talk with the client differently. Or perhaps another team member could offer a unique perspective you may need to hear.

- ♦ **How Are You Using What You Hear?** What do you do with the information your clients share with you? If you just listen and don't treat them any differently based on what you hear, then you undermine trust. A dentist I met years ago told me that his practice had a great new client experience, but afterwards it was the "same old burger, shake, and fries." Is that true in your practice? How is what you learn reflected in your treatment plans? How do you use it to personalize the service you provide?

What seems trivial to you may have meaning in the greater context of the relationship. If you pay attention and keep track of what your clients tell you, a story can emerge. If you operate out of the assumption that people share information that is important to them, then you will find a way to use the information you gather in positive ways. This strategy may not fit into your agenda for information gathering, but it will be important in helping you understand your clients.

### Rate Your Relationship

You may be in the habit of rating your clients in one way or another, but I'd like to suggest you rate your *relationships* on a continuum between **rapport** and **intimacy**. At your team

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meeting or your morning huddle, choose one or more of your clients and ask yourselves where on the relationship continuum you would place your relationship.

Don't judge your clients. Assume they are ready to move along the continuum. Don't judge yourself; wherever you are, you can move to the next level if you choose. Instead, judge the success of your next interaction by how you bring yourself to the process. The rest will follow.

- ◆ Do you have a **rapport** with this person? Do you get along well and share connections about things you have in common?
- ◆ Have you connected with this person on a **caring**, personalized level? Have you had occasion to demonstrate that you support him emotionally?
- ◆ Do you relate on an **instructional** level? Have you shared information about existing conditions and made clear recommendations for the treatment you believe will serve her best?
- ◆ Have you ever **challenged** this person? Have you asked difficult questions or told him what he wants is probably not possible without paying a higher price than he has been willing to pay in the past? Have you asked him to look at his behavior in relation to his stated values? Have you demonstrated passion in regard to what you want for him? Beyond recommendations, have you said how much you want the best for him? Have you demonstrated your enthusiasm?
- ◆ Have you **supported** this person through difficult decisions? Or have you merely given her information and left her to figure things out for herself? Have you asked how you could help her identify and work through her barriers? Have you demonstrated your enthusiasm about helping her move forward?



## Classic & Current Resources

My work is influenced and informed by the wisdom of past as well as emerging new thinking. The following is a list of some of the sources I referred to while writing this issue of *Practice Renewal*:

*American Heritage Dictionary.*

*The Four Fold Way* by Angeles Arrien.

WITH GRATITUDE I want to acknowledge and express appreciation to the following teacher:

Dr. Rich Green



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## Consultative Relationships

1. Think of one or two interactions you have had recently with a health care provider (physician, pediatrician, chiropractor). From a client perspective, where on the continuum would you place your relationship with that clinician? How do you think they would characterize the relationship?
2. Look back at your schedule from last week. How did you support a client in dealing with “the loss of a measure of health?”
3. Choose 5 clients at random and ask yourself where on the relationship continuum you would place your relationship with them. Then ask others on the team to rate each of their relationships with those clients. Avoid being critical of where you are. Instead, talk about the differences and about where you would like to go next and how you might get there.
4. Next, choose 3 clients with whom you have not been as successful as you'd like to be. Ask yourself honestly where your relationships with them would fall on the continuum. What are *your* barriers to moving those relationships forward? Have you established rapport? Have you reached your clients on an emotional level? Is there a challenge you have been unwilling to address? Is there support you could offer in your clients' processes toward getting healthier?
5. Choose 5 of your *favorite* clients and assess where you are in those relationships. As well as you feel you may know them, is there another level of intimacy and trust you could attain that may help you serve them better? If you have reached a high level of trust, what did you do with them that you may not have done with other clients?