An interview with Mike Gow BDS, founder of ISDAM (the International Society for Dental Anxiety Management) and dentist at the Berkeley Clinic, Glasgow

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Mike - you're a dentist, the president of the International Society of Dental Anxiety Management (ISDAM), you hold a number of professional positions, you are an editor for a number of magazines, you also have 4 kids… and there are only 24 hours in a day… how do you do it?

I don't sleep very much (laughs). I think it's about being sensible with your time. I do spend time doing nothing, I'll watch TV, I'll sit down and read a book but this has to be planned, it won't just happen. So I always know in advance what I'm meant to be doing and when. I've always been motivated and always taken on board projects and done things, I think it makes life interesting. Certainly my wife would agree that one of the things I need to learn is to be able to say "no" more and do less. When you first qualify and first become passionate about something, you attend courses, you study, and it's quite hard to turn that down if you have that type of mindset. So it's very much something I have to learn, to say "no" and do less (laughs).

How much of your time is spent working with patients in the sense of being a dentist?

Dentistry? First of all I work in the Berkeley Clinic four days a week, so I'm here for four days. Obviously I do work with hypnosis. However, this is for dentally related things so it always has to do with dentistry. The hands-on clinical work is still by far the most what I spend time doing, so it's probably 80-90% doing dentistry and the rest would be hypnosis or other types of therapy.

How many of your patients are nervous patients?

From my patients there will be none, zero… (laughs) joking, just joking. This is a hard one to quantify because it is a journey and everybody has a degree of anxiety so it's a hard question to answer. Most of the patients I see have come to me because they have a higher degree of anxiety, so about 75% have come because of their anxiety.

Can you remember the very first anxious patient you helped?

I was a dental student, I was making a denture for a little lady and she was really really anxious. And we got on very well and I took my time with her and at the end of all of her appointments we finished and her denture was made. Looking back, she shouldn't possibly be on a student clinic because of how anxious she was, but I really gained a lot out of helping her. While my colleagues were all really interested and focused on the physical dentistry, I realised with this patient that while the dentistry was interesting and I enjoyed making the dentures, the shift I'd managed to make in her life was what really got me excited and got me interested.

We went from somebody who didn't believe she was going to be able to tolerate impressions or sit in the dental chair to having this finished product that improved the quality of her life. And that was a wonderful feeling. She even came in with a little gift, a silver Parker pen, and she had my name engraved in the pen. I still own the pen. She didn't have very much money and she'd spent the extra money to buy me this gift, and in that moment I realised that I'd made a difference. And for me that is what it's all about.

You jumped out of of a plane ten years ago to learn about dental fear…

Well, it was funny. I was working in Australia and my wife and I, we took a balloon ride. I went up in a hot air balloon and I had feelings of mild terror, because you're just looking over a basket. And I knew it was supposedly safe, but I still felt a degree of anxiety and that was kind of interesting because I hadn't really had that huge amount of that sense of fear in my life and it got me thinking. I thought working in dental phobia and helping people with anxiety yet not really ever having experienced that is kind of hard. You can try being empathetic and try to understand how somebody feels, but if you've never felt that way it's very difficult. So I had a conversation with my wife and I said "let's do the parachute jump, not because I want to because it terrifies me" (laughs).

And it was interesting, because I then began to understand the feeling of the sense of dread from the couple of days before, you know, not sleeping very well that night before, the journey in the car on the way there, you know, it's not just about the moment when it's about to happen, it's the build up to it. And when sitting in the plane it's the belief of "I can back off at any time and maybe I will", and then as you're about to do the jump that sudden sense of "I can't do this. This is impossible. I can't do it."

But interestingly, the people who you are doing the jump with are such an important element. The reassurance by them and obviously doing the jump itself was exhilarating, and as I landed, that overwhelming sense of relief and accomplishment was interesting and also the sense of - and this is interesting - the immediate sense of "that was OK and I could do that again, I'd have no problem with doing this again, I've done it", yet a day or two later when I started thinking of it again I thought "No, I don't think I will!" (laughs).

This gave me an understanding that even if someone finished a procedure on one day, it doesn't necessarily mean that their dental phobia is cured and they won't find it difficult again. And even if in that moment they admit this was OK and there was no problem doesn't mean that it won't still be difficult again.

How did this change your approach?

I think just understanding the complexities of it and the build up to it was probably the biggest thing. I realised that if I book in an appointment and the patient comes in to see me, then they won't be anxious just on that day. They'll be anxious for whole days beforehand, probably as soon as we book the appointment. And that anxiety will increase the closer the appointment gets. What I did learn from that is strategies how we can make it as easy as possible for them, and reduce that build up.

What do you do differently to other dentists?

For me, one of the most important factors in helping anxious patients is time and actually having enough time to spend with somebody. I still find the hardest case to manage would be an anxious dental patient who is in pain and you only have ten minutes to help them. It's very difficult, because there is no time to build any rapport, to work out anxiety management options let alone how are we going to fix the pain or fix the tooth.

I think the luxury of the way I work primarily is the amount of time I can dedicate. So if somebody books to see me for their first visit, this is usually booked for maybe an hour or an hour and a half. Which means we have lots of time. When I book in for their treatment again, I tend to book in slightly longer appointments, just to give the patient that opportunity to take a break or if there's an extra question they want to ask, there's no pressure from me that I need to do this quickly because if somebody is anxious, trying to do something quickly doesn't work. So in terms of what I do differently, time is certainly one factor.

Learning about and understanding anxiety and phobia are really important. The knowledge helps you pick up on the small cues, the little things in each case that are slightly different yet very important to that person. There is no single way to treat somebody who is anxious. So the more things that I'm trained in to help, the more things I've got to offer, and the easier it is for the patient. I'm trained in sedation, hypnosis, cognitive behaviour therapy, injection techniques and the list goes on and on.

I guess what I do is like being a bartender at a cocktail bar and every patient that comes to see me needs a slightly different cocktail of techniques: do they need some sedation, do they need a bit of extra time, do they need hypnosis, do they need relaxation techniques? Everybody's mixture is going to be different. Some patients just want sedation. And that's fine. But if I don't offer that as a technique, then I am doing them a disservice so I think to truly work in the anxiety management you need to be trained and to be able to use as many different approaches and techniques as possible so that for that individual patient you can tailor your approach to them. And there's the old saying which I am sure you've heard: "If the only tool you have is a hammer, then every problem begins to look like a nail". Interestingly, I became interested in hypnosis and the behavioural side of dentistry fascinated me the most, but I realised if I didn't offer conscious sedation then I'm doing my patients a disservice. I made myself do the training in sedation so that I could offer it and it was something that I was concerned doing and I didn't really want to do, but I did the training so that I could. I know it's such a valuable tool, it's so effective.

People who have seen you on TV or YouTube sometimes think of you as the hypnosis guy…

I think it's interesting that the more unusual part of what I do is what I've become known for. People see me as the hypnosis dentist, but it's just such a small aspect of the huge puzzle that we do. Yes, it's mentioned on the websites, but you can imagine if I had a new phobic patient and we were having a conversation and all I did was talk to them about hypnosis and tell them they should get hypnotised. You'd very quickly alienate a huge chunk of patients! But similarly if the patient sat there and I said "we can sedate you". I often in the first visit ask the patient "Is there anything you're aware of from researching the clinic and myself that you think can help?" and often a patient says "Yes, I saw you do sedation and I want to be sedated". Or "I saw you used hypnosis and I'm interested in that".

There are patients who I never mention the word hypnosis to because I know it's not their approach. And I think the true skill is understanding when it's the right time to *not* use a specific thing as much as when it's the right time to use it. And it goes back to that phrase "When the only tool you have is a hammer, then everything looks like a nail" - it's *so* important. Again, I would never want to be over-cocky or to think I can get it right every single time. There are some patients you believe a certain pathway is right for them and then you discover that they still struggle or we need to change how we're doing this, and it's OK. Over the years at that first meeting with a patient, I can usually tell fairly quickly what the right direction would be for them. But again, I think you have to be cautious in any area of work and never be overconfident and never assume anything and that's the one thing I've always got to remember to keep myself in check and just start at the very beginning with every patient on that journey.

How common is embarrassment?

Many many patients talk about embarrassment being one of the main concerns they have, they are feeling embarrassed about their fear and their anxiety, but they're often also very embarrassed about the condition of their teeth.

So at the first visit one of the things I would say to the patient is that I've got zero emotional feelings about teeth. When I look at your teeth, I'm looking at the foundations and I want to look at what are we going to build on to get things right. I get the same emotional feeling about teeth as a car mechanic does about the engine of a car. And that hopefully reassures people.

And you can't change the past. You can't change a second of the past. I understand why your teeth have got to this point in time and a big part of that has been because it has been too hard for you to come in and make an appointment. We can't change the past, but we can do something about it now and we can change the future.

So I honestly and genuinely would never ever judge a patient for what is happening in their mouth or for what is going on. All I care about is how do we get this right. How do we make it so that you're out of pain or how do we make it so that you can eat properly again or how do we make it so that you can smile comfortably and feel happy with the

way they look. Whatever the goal is that you have. That's all I care about and that's what we're gonna work towards.

And the the first visit with a patient, which I call the therapeutic consultation, is probably one of the most important things. It's about an hour, an hour and half long and it's an opportunity for the patient to tell me things, for me to ask questions, but it's my aim at the end of that session that the patient will feel the journey has already started and they already feel better so interestingly I very rarely now use formal hypnosis for dental phobic patients.

The initial consultation is formulated in such a way that it's a very natural appointment, but I'm very much gearing it in the direction of helping people come to the other side of the appointment knowing that there is hope, that things can be better and hopefully that they have found the right person. And a part of that is saying to the patient that they believed they were coming to that first appointment to be assessed when in fact it's the other way round. You know, it's a job interview, they've come to interview *me* to decide if I am the right person to be their dentist and I hope they chose to employ me. And that's very much what the first appointment is about, so at the end of it the patient for the first time in years hopefully sees there's a way through this, there's a way out.

And if it so happens that I'm not the right dentist for the patient, then so be it, at least I can help them find someone who is the particular person that might help them, then I'll guide them into the right direction. So it's a wonderful thing. I wouldn't change what I do for anything. And you know, you asked do I ever feel bored doing the same thing with patients but I feel privileged, I feel lucky. I think not seeing anxious patients would be boring and I get a genuine buzz and feel excited when I meet somebody for the first time who feels terrified, knowing that I can make a difference for this person. And the only thing I have to really keep in check sometimes is remembering that we still have to start from the beginning with each case and not assume at any point that just because I know things can be ok and just because I know all these techniques can work - the patient doesn't know that yet. I have to take them from the very very first step in the journey every single time and never assume anything.

Were you taught about the importance of embarrassment in dental school?

No, I only discovered the importance of embarrassment when I started treating patients who hadn't been for decades and realised that sometimes their phobia hasn't got anything to do with the treatment I'll do - it's what I will see and that's the only reason why they've been avoiding treatment. That's just such a shame - I just want to fix your teeth, I have no emotions about that. That was something that had never really been taught to me.

I think the big thing in dental school that surprised me and probably one of the crucial moments for me was speaking to some of the teaching dentists who were working with anxious patients, and I remember a statement somebody said along the lines of "well, we did the best we could but given the person's anxiety we couldn't expect the treatment to be any better than it was". So that never really sat well with me because I thought "well, just because the person is anxious doesn't mean the treatment has to be compromised or not as good as it can be", and I felt in that moment that the patient has been let down. It's

surely up to us to be able to have the skills to make it easier for them so they can have the same standard of treatment that everyone else gets, and not “well, it’s not good enough because they have a gag reflex or because they’re anxious, they can’t expect more, they can’t expect it to be any better”. I think everybody deserves the same standard of care, *especially* if they’re anxious, because otherwise they won’t be coming back or we have to get it done again.

Is being happy in the dental chair a reasonable aim for every phobic patient, or what level of progress is possible in terms of curing their phobia?

I’m not sure you can cure dental phobia in the kind of general sense of the word “cure”, and I think every case is very different. For me, the success is measured on the patient’s ability to have the treatment they want to have and in a way they feel comfortable and that is tolerable. Some patients will still find that difficult, yet they manage to get through it and have the treatment. So it’s a hard one to quantify exactly.

If there is a patient you are not able to help, what might be the reason for it?

Occasionally there can be a conflict of character so maybe a patient just doesn’t feel a connection with you and that’s OK. It could be financial where the patient wasn’t expecting the options that are available to be as expensive as they are perhaps for them. Occasionally if there is an extreme phobia and they need the treatment quickly, then we consider a referral for general anaesthetic, but fortunately we don’t need to do this very much. It’s our last resort.

Do you have any patients who don’t show up?

Very occasionally. We tend to communicate with patients a lot before they come in. So if for example I see that a new patient has been booked to my diary and I haven’t had any communication with them beforehand, then there is a significant chance they may not show up. If I have had the opportunity to send emails or maybe speak with them on the phone first, they will usually come in, because we have a connection already and that’s very important, that’s a part of the journey.

How do you make sure you stay compassionate despite hearing basically the same old story again and again?

It never is the same story, it’s always different. As I say everybody, every patient presents with a very unique set of circumstances that has led to their fear and even if some of the stories are similar, I feel humbled if somebody choses to come to me to help them. So being a part of that journey and being able to be that person who helps them is a huge privilege, and so I’ve never had a sense of “I think I’ve heard this before”, this never even crossed my mind. I feel very sorry for people when they tell me stories of things that have happened in the past and their bad experiences, and that is tough because actually with a lot of patients I end up apologising to them on behalf of dentistry. Dentistry has let them

down, and it can be a bit emotional, because I'm passionate about dentistry and I'm passionate about helping people and it's sad when you hear what has gone wrong.

How difficult or easy is it to provide a complex dental procedure and hypnosis at the same time?

It's pretty straightforward, hypnosis is pretty simple, it really is. It's not difficult to hypnotise somebody. If you're working with therapy, that can be a little more complicated so if you're unraveling the reasons why somebody has a phobia, that can be a little more complex but if you're simply using hypnosis as a means to help somebody to relax and take their attention to something else, that's pretty straightforward. I have never had any issues working with hypnosis, it's a second nature. It's like a conversation, just like talking. I can just keep talking.

From talking to dentists who work with nervous patients, they all stress "our job is dentistry, we do not do psychotherapy, we have patients who maybe have experienced traumas but this is not our area, we are not psychologists". What is your point of view - you do hypnosis and sometimes dive really deeply into the real issues…

Sometimes I… obviously I've got additional qualifications that allow me to do that - I have a Masters in Hynosis Applied to Dentistry and that was at the Psychology Department of University College London. So it is something that I am trained to do, but in some cases I feel it's better if the patient has a separate therapist and dentist and to separate those two things. If I'm the person who is helping the patient to overcome their phobia, then also being their dentist can make life easier sometimes because I then really truly understand everything that's happening and everything that has to happen. So there are no issues with me doing this type of work with patients, as long as it's dentistry related.

So you go just as far as necessary for the patient to have the treatment?

Of course, occasionally things will come up that will be slightly outside of what I feel is my remit and how I feel I should be working. If anything like that comes up, then I would refer to a colleague and work closely from there, but most of the time I can work with what the patient brings with them and it's ok.

What would be the cases you would refer?

Cases I would refer… if somebody has had a history of abuse or sexual abuse, I think that's better dealt by somebody who that is their field of expertise. Or perhaps somebody who has issues with clinical depression or feeling suicidal because obviously, dental phobia can form part overall of anxiety or depression. That probably would be the main two situations.

Do you remember your first success with helping a nervous patient with hypnosis?

Yes. I remember my first hypnosis case and also my first phobic patient hypnosis. Both of them were quite remarkable stories.

The very first case I had and that was a big success was a lady who had quite a lot of facial pain. I was only in my twenties, I only just qualified and had done some basic training in hypnosis and this lady arrived and she was having pain. We couldn't find any reason for the pain in her teeth, so I referred her to the hospital and eventually a report came back which said the pain was psychogenic - there was no cause they could see. So I suggested to this lady that hypnosis might help and she just gave me a funny look and said "I don't think so" and she left. But three months later her husband came in and said "you know, she wakes up crying during the night and she's not even leaving the house, the pain is getting really really bad and she's been to specialists, she's been to pain clinics, she's trying medication, she's had acupuncture and nothing is helping her pain. You mentioned hypnosis." And of course instantly I thought I hope I haven't overpromised here and said "I don't want you to get your expectations up too high, but why doesn't she come in and have a consultation to explain what hypnosis is and we'll take it from there".

On the day of the first visit, she arrived and she was in tears and she said "I've come because I don't want to miss the appointment but I'm in too much pain today, I can't stay". So I asked whether it was ok if I could teach her a very simple visualisation technique and she agreed, so I taught her the special place so she was able to go into a relaxing place in her mind, and she was then able to find a dial to control the pain that she was experiencing. And in the session, she was able to turn the pain up very slightly and she was able to turn it down very slightly. Just to show her that with visualisation she had some control. During the session, she was able to move the experience of pain from number 8 to about number 3. She came out of trance feeling quite pleased and she went home. Now in the run up between that appointment and her next appointment, I've made lots of phone calls to tutors and colleagues and I've read lots of books, because I wanted to learn whatever I could about pain control so I could help her. So for her next visit I had a big bundle of paper, lots of techniques and I was enthusiastic to use all of these pain control techniques.

And she came in the door and she said "You're going to be really annoyed with me". And I said "Why?" and she said "Well, I don't need this appointment today because the pain is gone. I went home and that night the pain started again so I did the self-hypnosis and I saw the dial and I got it to zero and when it went to zero I heard a click and the pain didn't come back". And she said "Is that what was meant to happen?" and I said "Yes, of course!" (laughs). But I was as surprised as her and you know, this was a 15 minute technique and I was a 23-year-old newly qualified dentist, that was just unbelievable.

And having an evidence-based background I questioned that, I thought "is it just a coincidence and something else changed, something else happened", but we couldn't find any explanation other than the hypnosis had worked. So that was really one of the key moments for me that made me realise that I wanted to learn more, and that motivated me then to study for the Masters and actually understand the psychology and work out what's happening in the brain and how this is possible.

The techniques are very simple, I guess understanding them on a neurological level is a little bit more complex but the actual techniques are very simple.

One of my first phobia cases was very simple, it was a man who needed multiple extractions, he had only ever had treatment with sedation, he was very very very *very* phobic and at his consultation he said the words to me "I just wished I could be anywhere else, I wish I was at the football" and I said "OK, which football team do you support?" And he told me, and fortunately it was the same I supported, which made it much easier because when he had this treatment we used hypnosis simply as a distraction and he visualised that he was at a football game, it was a big derby against the football team's biggest enemies and he was watching his team winning the football game and the whole time he visualised this imaginary football game when I was removing his teeth and I recorded it. He allowed me to use it for teaching for many years and then there was a really nice moment in the video when I'm in the middle of removing some teeth for him and he's singing some football songs (laughs), because he believed he was there. So it was one of the first phobia cases that I worked on and it was very simple, it was just extraction. But he was amazed, he went from thinking he couldn't walk into the room to singing football songs (laughs).

Do you do self-hypnosis?

Of course! It's such a powerful thing and self-hypnosis is really important so yes, I use it. Regularly. Again, I think people assume because you're the hypnosis guy that your life must be really stable and that I don't ever get stressed or angry or emotional but I'm as vulnerable to that as anybody else. I'm lucky that I've learned a number of techniques that if I recognise things are happening with my emotions, I can usually do something about it, but I still shout at the kids sometimes and get emotional over things and that's part of being human, you can't control everything all the time.

You mentioned in an interview that a patient who is sedated with midazolam is in a state very similar to a trance and that it's a very good state to say the right things. We also know that if you present a feared stimulus to a patient who is sedated, they will still react. And generally if you scare people several times during surgery, you'll make the phobia worse. So my question is, if someone keeps on sedating people and doesn't include any behavioural management techniques, can it make the phobia worse?

It kind of depends. With sedation, especially with midazolam, patients tend not to have much memory about what happened during the procedure, but I do believe that there is a core memory of whether you have felt OK. So I think if there has been a negative emotion, people come out of that appointment still not feeling happy. So I think even with a sedated patient, the easier you make that appointment the more likely it is that that anxiety will decrease.

Undoubtedly, if someone is sedated and they have a painful procedure or an uncaring dentist, then yes, there is certainly no opportunity for the phobia to decrease. Whether it will increase or not I don't know. Again, it's very hard to quantify phobia anyway in terms of better or worse, but I think it's an opportunity for dentists when they use sedation, even if they don't learn and offer behavioural dentistry, to understand that saying things to the

patient like “you’re doing really well”, “this has been a really good appointment, you’ve coped well having the injection or having the teeth removed”, there will be an element of their unconscious memory of “I can do this and this was OK”. So that’s something I promote quite a lot and I’m teaching even with a sedated patient to continuously give positive suggestions.

Often, if I have a patient who has a needle or an injection phobia, during the sedation you know they’re relaxed and it’s comfortable, and I would drag their attention to the fact that “we’re in the middle of the injection just now and you’re relaxed and it’s comfortable and you’re relaxed” and I would repeat that several times and I would ask “how does it feel?” and they say “it’s OK” and at the end of the appointment or even in the following days I ask them “what do you remember about the treatment?” and often they say “oh, it was great, I don’t remember anything, I’ve got no memory apart from I remember the injection being quite easy (laughs). So I think it definitely goes in.

You held a seminar recently called hypnosis and self-care. What is the self-care part in it?

The self-care part is teaching especially young dentists about understanding their own vulnerabilities and trying to avoid falling into various traps. So again like everything prevention is better than the cure, so it’s a great stage to teach self-care to dentists about mental health, making sure they’re coping and providing them with strategies and ways of coping with a variety of work-related stresses but also stresses in their personal life. We spend a bit of time looking at what stress and depression are, how to recognise them in themselves or others, and then we explain ways that they can do something about it. It’s a difficult topic but I think it’s really important.

How often do you actually provide extractions without local anaesthetic?

It’s pretty rare, occasionally I would see patients who for medical reasons cannot have local anaesthetic, but that is pretty rare. Of course I became known for it because I did some TV cases using hypnosis for pain control and I thought long and hard about whether I should do those things on TV because if someone has a needle phobia, I would rather help them to get over their needle phobia so that they can have injections and have the treatment. The main reason for doing it was to show that it could be done, and if we can take teeth out and place implants just with the use of hypnosis, imagine how powerful it is in combination with all the pharmacology that we have. That’s where it has its power: as a complimentary therapy, so I use it alongside everything else. If somebody comes to me with a needle phobia and says “I’ve seen this on TV and can you do this for me”, usually it’s a case of let’s use it to help you overcome the needle phobia.

To what extent do you rely on reading body language and other non-verbal signals when dealing with nervous patients?

As humans it’s important to be able to read signals, it’s important to be able to judge from somebody’s facial expression when they’re starting to feel fear. So while I teach patients the stop signal and as I would explain to my patients that in any other situation if you tell someone to take their hand away from you or stop physical contact and they don’t, then

it's assault. But I feel it's my job to be able to recognise the body language so that I would actually stop *before* the patient even feels the need to put their hand up. So it's very rare for the patient to actually use the stop signal. Because I'll see the change in the facial expression, I'll notice what's happening with their eyes, the slight movement or the way they glance. I know when I need to stop for a moment and check whether they're OK.

But as an interesting element to that I think sometimes you can read too much into signals - emails are a great example of this, you know you can read something that somebody has written and you can put any intonation into this email that you like, it can be angry, it can be happy, excited or whatever. And that can be hard because when you become so aware of signals and connecting with people, you're looking for all the little signs and sometimes you can read too much into things. To be honest when working with a nervous patients I would rather get it wrong and stop and ask "Are you OK?" and the patient saying "Yeah, that's fine". I'd rather do that than keep going when actually they are having a problem.

When it comes to body language, there's lots of workshops and courses you can go on, there are a lot of hypnosis training courses and their core element is in body language and rapport and there's plenty of things obviously online you can get. I think going to a good course taught by health care professionals would be the first step.

I think a lot of people have natural skills in that as well - they just intuitively can read body language. I always assumed that everybody could learn hypnosis, but I came to realise that that's maybe not necessarily the case. You know, you can develop skills but to be able to be a therapist, there has to be a natural degree of empathy and understanding and ability to connect with people. So most of the people listening to this or reading these words who are interested enough probably already have that within them and you can then learn the techniques to fine-tune this and make it better. But I don't think that's something that everybody has and that's why some dentists find it easy to work with patients and make things better and some dentists don't.

What is your secret to success?

I think being genuine is really important, I genuinely care about my patients and I genuinely want to help anxious patients. I worked in the NHS for many years and got to a point in my career where I realised it was very difficult in a normal NHS practice to do what I was doing, because the NHS simply didn't pay for me to spend an hour and half speaking to somebody, so I realised that my career has to go one of the few directions and had to be as a community dentist or working in a hospital or working as a private dentist.

And the reason why I went into private dentistry was that it allowed me far more flexibility in what I do. I wanted to be using hypnosis, I wanted to be using sedation, I wanted to have equipment that I knew would make a difference, and the only way to do that was to do it privately.

And I went out on a bit of a limb because when I left the last NHS job and came to the Berkeley Clinic there was no patient list. I had a chair and I had Facebook and my website, and I said I am here as a private dentist but one that would focus on helping

anxious patients. And I didn't know are there enough anxious patients who will want to pay a private dentist to help them and yes, there are. And I think our fees are fair, we keep it so it's affordable, there are ways for patients to be able to get financing and things if they need it. But I never chose this direction of my career with pound signs thinking "here is an untapped element of dentistry that I can privatise", you know. I became private so that I could spend money on making it as easy as possible for patients. I think the NHS is wonderful and I do sometimes miss being able to have available what I can do on NHS but it wouldn't be feasible running a business that way. I've met dentists over the years where it became apparent that they have moved into anxiety management believing it's a way of accessing patients that will spent money, but I think patients would see through that very very quickly. I think being genuine is so important and patients can hopefully tell that when I meet them straight away.

Have there been any major changes during your career when it comes to helping nervous patients?

One of the interesting things in my career that has happened has been communication. When I firstly qualified 20 years ago, the first anxious patient I saw would communicate with me by writing a letter. Because the email and internet had just started at that point, so we would get letters from people. And you would reply by letter and maybe a phone call. And obviously the world has changed, so now most patients will communicate by email, I haven't had a letter for a long time. A letter is a very personal thing as well and you know you have to stamp it and post it so there's lots of opportunities for the writer to change their mind.

I find a lot of the emails that patients send me are send on Friday or Saturday night, midnight or one o'clock in the morning. The person has probably had that email in their draft folder for a while and they had maybe to open a bottle of wine and have a couple of wines and build up the courage to press "send". And I would respond to the email and I think that is a great introduction, because usually you can send 3, 4, 5 emails before you even talk about making an appointment. And that's important. I think having a phone conversation is important, so whenever I can I would speak to the person on the phone so they can hear my voice and hear that I'm genuine. And as I mentioned earlier, with emails it's very hard to judge intonation and what the person is actually meaning, so a phone call is far less threatening than meeting that person fresh for the first time without having heard their voice. So whenever possible I would phone somebody before they come in. Keeping the communication going is important also, so after the person has met me for that first visit, there'll be phone calls, there'll be emails as well to talk things over to make sure they're OK. I think it's important to have that availability for patients so they can ask questions and the support is actually there. Yeah, certainly one of the biggest changes in the last years is the communication side of things.

And interestingly, the website that I started in 1999 - it's now become more about myself and what I do - but when I first started www.whatfear.com, it was designed to simply provide information for phobic patients. Obviously Dental Fear Central has now become the hub of that so there's less need for the one that I designed, so it became more about the services that I personally provide here in the clinic.

But when I first created it, it was one of only a couple of patient resources that were available. I noticed that there wasn't much information online for patients and that's why I created that website. I didn't really mean to become well known in the field of anxiety management, it was again just the passion, just what I enjoyed doing. I'm very lucky to be doing what I'm doing. The chance to teach other dentists and health care professionals is fantastic, and passing on this knowledge so I can make a difference makes me happy.

What would you like nervous patients to know about dental anxiety?

I think first of all that it's far more common than they realise. I think people with dental phobia often feel isolated or feel that everybody else in the world can do this and I'm foolish or I am silly for feeling this way. That's quite a common feeling that people have so I think the first thing I reassure patients on is that it's ok, lots of people feel this way, you're not alone and I also sometimes question with them whether or not they have a phobia.

And to explain that, obviously a phobia has a number of diagnostic criteria like avoidance behaviour and the other main criteria is the awareness that the fear response is excessive to the thread, OK? Now, if I have a patient who is sitting in the chair who is telling me what has happened to them in the past, things that that were often horrendous, I have to question is their reaction now phobic?

And the way I explain it to a patient is that if you were standing on Bondi Beach and you look out into the water and you see a dark shape moving around in the water, do you have a shark phobia if you never want to go into the water? Is that a shark phobia? No. Because you're on Bondi Beach and it's a suspicious dark shape that could be a shark. If you're at your local swimming pool and you see a dark shape in the water and you decide not to get in, that's a phobia. That's excessive. Now somebody who has only had difficult and bad experiences at the dentist, their only reality has been on Bondi Beach. And actually their phobic response and that fear response is legitimate. If their recollection of what happened during in this horrible appointment is true, then wanting to stay away from that situation for me is entirely rational, that is not a phobic response. Now the difference, and the crucial part, is making sure that when they go to a dentist they see a dentist who is as safe as the swimming pool. So it's the environment that becomes important rather than the phobia. The phobia has protected them from all dentists when actually it's just the dentists that are not nice to them that they need to avoid, does that make sense?

And actually for a lot of patients it's quite a turning point because it gives some credibility to the negative reaction they've had for many years, it was protecting them but it's just been too generic, it has been too wide because *all* dentists have been put in the same category as the ones they should stay away from.

What would you like dentists to know about dental anxiety?

Probably just that little things and small changes can make a big difference. Also the patients often won't find it easy to vocalise their fears. So I think it should be a part of core CPD and dentists should be under obligation to learn about dental anxiety and to keep that education up because it's such a crucial part of their everyday work. The main

thing would be understanding how communication, language, rapport and just some of the small things can make a big difference.

Where do you see yourself in ten years from now?

I think just doing the same. I do love teaching so I'm hoping to teach more courses, pass on more information to other dentists. I find it really rewarding to get feedback from other dentists who tell me about techniques I've taught them that worked for them. That's really rewarding. It's nice to have things that obviously work with your own patients, but when you know that passing on this information has made a bigger change across more people, that is a nice feeling.

Would you like to say few words about ISDAM (the International Society for Dental Anxiety Management)?

Sure. ISDAM is a concept we came up with few years ago. In my own journey with things I have studied in dental anxiety management, I realised quickly that there were very much two camps. There was the pharmacological or sedation aspect, using medication to help with anxiety, and on the other side there was the behavioural approach - therapy, hypnosis, relaxation. And I found the two were quite separate and this is when I started to question.

Surely as a practitioners it's our responsibility to learn from as many different techniques as possible. You know, there were societies for sedation, there were hypnosis societies and I thought "there is not really a society that encompasses all of that together" . And as you said before, you could sedate a patient but if you still hurt them with the injection and say the wrong things then they still will be very anxious. And the same is true of hypnosis or relaxation.

So I guess ISDAM was born out of a realisation that if we truly want to help anxious patients, we need to encompass everything. Technology, the clinical aspect, the pharmacology and the psychology, and ISDAM attempts to help get this together especially the courses and conferences.

Who is ISDAM for?

It's for dentists, it's for therapist, for dental nurses, psychologists, psychiatrists, it's for anybody in health care who has an interest in helping anxious dental patients. The website is www.isdam.com and the information about joining is there. We also have Facebook page.

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For more information about this interview, and to read interviews with other dentists with an interest in dental anxiety management, visit www.dentalfearcentral.org/interviews/