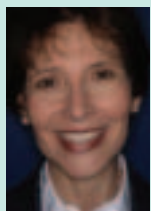




In Practice

WITH DR. RONALD E. GOLDSTEIN

Treating Difficult and Challenging Patients (Part 1)



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Roberta Golden is a clinical psychologist and lifestyle coach. She has been a psychotherapist in private practice for 28 years, working with individuals and couples to help them manage life issues. She has also coached executives, professionals, and athletes to help them with stress reduction and with performance enhancement. In addition, she has been a clinical supervisor for psychotherapists. She earned her doctorate at Georgia State University and practices in Atlanta, Georgia.

I am pleased that I was able to persuade Dr. Roberta Golden to put into writing some of the thoughts she has expressed to me during the past few years. Not only does she have a unique background in psychology, but she also has been a patient to our practice for many years. While in the office, she witnessed and overheard some of the patient types mentioned in this column and observed what we deal with every day. She can also approach the subject from the viewpoint of the patient, having had her own smile enhanced. She has often given me excellent advice on dealing with some of our more challenging patients.

Because Dr. Golden has so much information to share, she will present her column in this and the next issue.

“I want you to make me look like this picture of Marilyn Monroe.”

“I don’t want to finish the rest of the treatment on the laminates.”

“It just doesn’t look like what I was expecting.”

DO ANY OF THESE PATIENTS SOUND FAMILIAR?

During your career in dentistry, it is certain you have been presented with the challenge of dealing with difficult patients, and if you plan to continue to practice, it is certain that you will be presented with more such patients. In fact, there is no medical, psychotherapeutic, or dental practice that can escape the inevitability of dealing with problematic patients. Fortunately, most of our patients are a joy to work with, and they are the reason most of us feel satisfied with what we do for a living.

The occasional problem patient will not drain your energy or keep you from feeling good about your day at the office if:

- You accept that they will show at your office.
- You have some awareness of the signals that can help you screen for them.
- You have a plan in place to deal with them.

A dentist may already feel the pressure of time in managing his/her schedule of appoint-

ments and therefore may be reluctant to take more time with each patient. However, in the long run you will be more efficient and achieve more satisfactory outcomes if you and your staff take the time to ask important questions and listen with discrimination.

Patients who request esthetic procedures are more likely to have a wider array of motivations and expectations than traditional dental patients. By definition, esthetic patients are saying that they are unhappy with their appearance and they are placing their wishes, fantasies, and self-image in your hands (literally). Issues of trust, self-esteem, and self-awareness are some of the psychological factors that should be considered when treatment is requested.

INITIAL APPOINTMENT

From a psychological standpoint, the initial appointment is the most important step in the process of achieving an outcome that is mutually satisfying to the patient and the dentist. It is worth the time and effort, and it should be worth the extra fees you pass on to the patient to



inquire in some depth about their history, expectations, and psychological profile. Both you and your staff should be involved in this process because some hints may surface only when the patient is alone with your assistants. I would recommend that you schedule enough time and that you treat this initial contact as a consultation regarding the advisability of treatment so that both you and your patient can decide if treatment is appropriate.

If you are concerned that you will lose patients by adding this decision-making step before treatment, it is more likely that you will retain the patients who



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perceive you as a caring, thoughtful professional and perhaps allow the impatient, demanding patient to seek treatment elsewhere. Satisfied patients are your best public relations sources, so invest as much forethought and preparation as you need.

The most efficient way to manage this process is to begin with a questionnaire, which should

be included with the other forms given to the patient while he/she is in the reception room. Items on this questionnaire should include the history of previous surgeries, including esthetic surgeries and dental procedures, history of psychological treatment or hospitalization, and a brief psychological symptom checklist.

As a follow-up, your assistant

can inquire about any of those responses that suggest problem areas. Your assistant can then tag those responses so that you can ask the patient to elaborate and clarify. It is important to check your assumptions or suspicions so that you can minimize the likelihood of later misunderstandings. The more you know about your patient, the better

prepared you will be to communicate effectively.

SCREENING PATIENTS

When patients are difficult and frustrating to deal with, it may be tempting to dismiss them as crazy and irrational, but it is helpful to think about two categories of patients who may be challenging or difficult—the psychologically dysfunctional patient and the emotionally stable patient who is upset and unhappy.

The Psychologically Dysfunctional Patient

It is beyond the scope of this article to discuss psychopathology in depth, but there are signs you should look for to determine if you are treating a patient with significant psychological problems. Some “red flags” that suggest problems are a history of:

- Multiple and frequent esthetic surgeries and procedures.
- Anxiety symptoms, including phobias, panic attacks, and obsessive-compulsive behaviors.
- Drug and alcohol dependency.
- Inpatient psychiatric treatment.

With regard to patients who have undergone an excessive number of procedures, it may be an indication that they have body dysmorphic disorder, a mental health condition that has recently been more widely recognized in the psychiatric literature. This disorder is characterized by excessive preoccupation with perceived defects in one’s appearance, and they may seek repeated esthetic surgery but remain chronically dissatisfied with their appearance. Their judgment is distorted and they may ask you to help them make changes that seem inappropriate. We have all seen pictures of well-known entertainers who look bizarre and unnatural from excessive esthetic surgeries, revealing the effects of body dysmorphic disorder.

One of the best signals that you are dealing with a psychologically dysfunctional patient is your gut reaction that something feels strange or “off” when you are talking to him/her. You feel uncomfortable because something is telling you that the behavior you are observing is

They can go from seeing you as God in one moment to seeing you as the Devil they want to sue in the next.

outside your normal experience with patients. These gut feelings often arise as you discuss their hopes for what they want to look like when you complete their restorations. Be alert to expectations stated in an extreme form, such as the patient who tells you she wants to look like Marilyn Monroe or a patient who tells you that he believes you will make him happier than anyone else who has tried to help him before. Although it may feel flattering to hear this, this excessive adoration may be the symptom of a borderline personality, and they can go from seeing you as God in one moment to seeing you as the Devil they want to sue in the next. You may decide to go ahead with treatment, but if you understand your patients, you can help them to expect more realistic and appropriate outcomes and to arrive at an agreement about what you are going to do before treatment begins.

The Emotionally Healthy Patient Who is Upset and Angry

It is obvious that a change in our appearance can affect how we feel emotionally. Even an improvement in our appearance can be shocking and upsetting if we are not prepared for it. Problems in treatment may occur when patients:

- Have difficulty visualizing or cannot picture the outcome.
- Are unable to articulate their expectations.
- Are timid about asserting themselves and appear to go along with a procedure that they feel hesitant about.
- Do not understand the process involved in achieving their restorations.

The cues to look for with these types of patients are: statements about how they want to look that the listener has difficulty visualizing or understanding, vague language, and subtle or nonverbal signs of reluctance.

STRATEGIES FOR MANAGING PROBLEMS

The best way to ensure a satisfactory and problem-free treatment is to take ample time at the initial appointment to inquire about any problems that come to your attention. In the case of a patient who may have psychological problems, ask enough questions about their expectations so that you can be sure you are both in agreement about realistic outcomes rather than unrealistic fantasies. Some questions you might want to ask:

- Are they concerned with the process

apart from the outcome? Do they worry about pain or discomfort?

- Are they currently taking medication or do they have a history of anxiety problems?
- Will they have problems tolerating the length of time required for certain steps in the procedure?
- Have they been upset or dissatisfied with previous treatments and why?

It is important to listen carefully, and to answer carefully and thoughtfully too. Responses that may help are:

- “You said you wanted your smile to look like...(repeat back what they said). Did I understand you correctly?”
- “I’m not sure we are talking about the same look for your mouth. Can we look at some pictures together so I can understand what you want?”
- “You seem a little hesitant. Can you tell me what you are concerned about?”
- “I don’t think your thoughts about the way you want to look are practical. Let’s talk about what would work and how you would feel about that.”
- “Let’s look at the color of some of my staff members’ teeth. Tell me which shade of whiteness you find most pleasing.”

These questions are designed to get the patient to focus on specific details and to get them to agree with you about what they can expect.

CONCLUSION

Behavioral research has shown that the best patient is the patient who is best prepared. At the outset, if you provide detailed information about what to expect, the better prepared your patients will be to deal with the experience, and the more cooperative they will be with the entire process. You will have fewer misunderstandings if you can give patients a written description of what will happen, including details about the timing of each step; what they will look like during the process of living with temporaries; and what they can expect their smile to look like at completion. Information about how to care for their restorations, how to bite and chew, and how long their restorations may last should also be provided. Give this to patients while they are filling out forms, ask them to read it carefully, and get them to confirm that they understand what is involved before any treatment is initiated.

It is important to be aware that you are working with the psyche, as well as the mouths of your patients. With increased understanding of the psychological factors that are operating, you can reduce the stress for both you and your patients, and your level of satisfaction will increase. ○

Treating Difficult and Challenging Patients (Part 2) will appear in next month’s Contemporary Esthetics and Restorative Practice.

