



In Practice

WITH DR. RONALD E. GOLDSTEIN

Treating Difficult and Challenging Patients (Part 2)



Ronald E. Goldstein, DDS

Clinical Professor
Oral Rehabilitation
Medical College of Georgia
School of Dentistry

Dr. Goldstein also serves as adjunct professor of restorative dentistry at the University of Texas Health Science Center, adjunct clinical professor of prosthodontics at the Henry M. Goldman School of Dental Medicine, Boston University, and visiting professor of oral and maxillofacial imaging and continuing education at the University of Southern California School of Dentistry. Dr. Goldstein is the author of Change Your Smile and Esthetics in Dentistry.

From time to time all of us encounter patients who are difficult or challenging to work with. These patients require us to spend time and energy that exceeds what is customary in our practices. When you treat these patients you feel frustrated, confused, and angry. Sometimes you have a sinking feeling when you know they are on the schedule.

Unfortunately, most of us don't realize we are dealing with

a problem patient until we are in the middle or later phase of their treatment. By that time it is too late to terminate their treatment and we feel trapped, wondering how we could have avoided this situation earlier. To help these difficult patients, you must first understand them and adjust your response toward them. This article will focus on specific suggestions for screening and managing these patients so that from the onset you will be more likely to identify the challenges and respond appropriately.

SCREENING

In Part 1 (May 2003), I emphasized the importance of using the initial appointment for evaluation and consultation. Taking time for unhurried dialogue and data gathering will enable you to learn more about the person you are treating. This allows the treatment to proceed more efficiently in the later and final stages.

When a new patient is filling out forms explaining his/her dental and medical history, I sug-

gest you include a form that focuses on psychological symptoms. A sample form is provided in Table A. Any items that indicate severe symptoms should be explored. It is especially important to inquire whether the patient is currently in psychotherapy. For example, a patient with severe anxiety or panic attacks who is not on medication or in psychotherapy may not be able to tolerate certain aspects of the treatment. Rather than discovering this problem after you started the treatment, you can address this situation on the first visit. You might say, "Ms. Jones, let's make sure that this experience is as comfortable and low stress as possible. If you have any concerns about the physical experience and your reaction to it, I would recommend that you consult with someone who can help you with your anxiety and who can advise you about the best way to make you feel comfortable with the treatment."

patient is receptive to getting help.

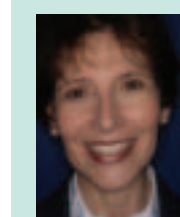
If most of the items checked by the patient appear to be symptoms of depression (eg, lack of energy, loss of interest/pleasure, hopelessness, etc), then you may need to take more time to listen, offer suggestions, or look at pictures together. Patience is the operative concept with this type of patient. The patient's low energy and poor self-worth [QA: Okay?] may result in vagueness or a lack of ability to articulate what he/she wants; he/she may also appear to be overly compliant or nonassertive. This type of patient will need more direct suggestions and guidance, but it is imperative that you check back with him/her to make sure that he/she agrees with the goals discussed. When you have carefully checked with the patient that you are in agreement about the outcome, treatment should proceed relatively smoothly. In fact, this type of patient will probably benefit greatly when

It is useful to be familiar with several mental health professionals who understand your practice so you can offer a referral if the patient is receptive to getting help.

It is useful to be familiar with several mental health professionals who understand your practice so you can offer a referral if the

he/she sees that his/her appearance has improved.

If most of the items checked are anxiety symptoms (eg, fear-



**Guest Author
Roberta Golden, PhD**

Private Practice
Atlanta, Georgia

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.

TABLE A—STRESS CHECKLIST

The following is a list of stress factors that may be affecting your patients. Have them check those factors that are a concern to them at present (or the past month), and have them indicate the degree of severity: Mild (1), Moderate (2), Severe (3).

- | | |
|---|---|
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Legal concerns | <input type="checkbox"/> Assault/rape |
| <input type="checkbox"/> Family concerns | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Financial concern |
| <input type="checkbox"/> Marital problems | <input type="checkbox"/> Chronic illness of a loved one |
| <input type="checkbox"/> Health concerns | <input type="checkbox"/> Physical appearance/body image |
| <input type="checkbox"/> Death of a loved one | <input type="checkbox"/> History of abuse (physical, sexual, emotional) |
| <input type="checkbox"/> Weight/eating concerns | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Other _____ | |

The following is a list of symptoms that may be of concern to your patients. Have them rate the severity of the symptoms they are presently experiencing: Mild (1), Moderate (2), Severe (3).

- | | |
|--|--|
| <input type="checkbox"/> Anger/irritability | <input type="checkbox"/> Pacing, fidgeting, nervous habits (nail biting, foot tapping) |
| <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Frequent hand washing |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Attention problems | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Sensitivity to certain sounds and noises (clocks, buzzing, loud noises) | <input type="checkbox"/> Self-injury |
| <input type="checkbox"/> Bingeing/purging | <input type="checkbox"/> Impatience |
| <input type="checkbox"/> Crying spells | <input type="checkbox"/> Increased smoking |
| <input type="checkbox"/> Concern about a particular | <input type="checkbox"/> Lack of appetite |
| <input type="checkbox"/> Sleep difficulties | <input type="checkbox"/> Lack of energy |
| <input type="checkbox"/> Stomach pains | <input type="checkbox"/> Loss of interest/pleasure |
| <input type="checkbox"/> Mood fluctuation | <input type="checkbox"/> Depression/sadness |
| <input type="checkbox"/> Drug use | <input type="checkbox"/> Worry when things are not in |
| <input type="checkbox"/> Excess drinking | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Worry about germs/illness | <input type="checkbox"/> Overeating |
| <input type="checkbox"/> Frequent sudden diarrhea | <input type="checkbox"/> Fearfulness |

Have your patients also answer the following questions.

Are you or have you ever been in counseling/psychotherapy for these or similar concerns?

Yes No If yes, please explain:

Are you presently taking medication to help with these stresses?

Yes No If yes, please explain:

Is there anything else you believe would be important for us to know to assist you in having a positive treatment experience?

fulness, concerns about body image, worry when things are not done in perfect order), then you should be prepared to respond to the patient's concerns during the entire course of treatment. Try to remember that this patient is bringing his/her psychological history to you in the form of his/her concerns. It is not within the scope of your practice to treat these anxiety symptoms. What you can and should expect to do is listen calmly, repeat what you hear, and check to see if the patient feels you understand their concerns. Because high anxiety interferes with concen-

tration, you may need to repeat your answers or give reassurances [QA: Okay?]. If you hear what seem like irrational concerns or distorted reasoning, it may be counter-productive to engage in a debate or try to point out the patient's lack of rationality. You will create a more positive outcome and a more compliant patient if you accommodate his/her requests, even if they seem irrational.

In his lectures, Dr. Ronald Goldstein used an example of a patient with extreme anxiety about radiation from x-rays. Dr. Goldstein allowed this man to be

wrapped from head-to-toe in protective sheathing when his x-rays were taken, and this approach helped make the experience more tolerable for the patient (and probably for Dr. Goldstein as well).

Frequently, individuals who are chronically anxious have difficulty sitting still for an extended time. It is very helpful to describe what will happen during the course of treatment, so that you can discuss how to manage the scheduling of each stage. This type of patient may be better able to tolerate treatment if it is broken up into shorter seg-

ments. The emphasis should also be focused on describing the time that the patient would wear temporaries. Guidance about how to deal with problems that arise and reassurance of your office's availability will also help.

Of course, you should consider only those patient requests that will not compromise your professional integrity or the outcome of treatment. If the patient indicates that he/she has had numerous esthetic procedures and you suspect that he/she is suffering from body dysmorphic disorder, it is appropriate to explain that he/she is seeking an unrealistic or unnatural outcome.

If you suspect drug abuse or chemical dependency, it is appropriate to talk to the patient about your concerns. At the very least, offer a referral to a pain specialist or another type of specialist. You have to be prepared for the likelihood this type of patient will move on to the another dentist if they realize you cannot be manipulated.

At the close of the initial session, you should feel reasonably certain that the patient understands and agrees to the treatment process, understands any limitations in outcome if he/she decides to compromise because of financial or psychological reasons, and that you agree with the patient's definition of a realistic and satisfying outcome. Treatment and goals should be described in detail in writing, and the patient should be asked to sign this agreement before proceeding. This is the moment of truth (so to speak) deciding whether to end your relationship with the patient or continue. If you have serious doubts about a mutually positive outcome, it would be better to be honest about your concerns and refer the patient to a colleague.

THE ANGRY, DEMANDING, OR ABUSIVE PATIENT

There are a few "red flags" that may occur during the initial appointment that may alert you to the fact that a patient has an angry or demanding personality. When you inquire about the

TABLE B—POLICIES AND PROCEDURES

Policies:

- Cancellations: timing of cancellations, how many are allowed—charges?
- Mobile phone use in office.
- Incoming calls for the patient while they are in the chair.
- Children who accompany the patient.
- Lateness.
- Payment.
- After hours phone calls.

Procedures:

- Include a detailed explanation of every step of the treatment.
- Describe the length of time of each appointment.
- Explain the effects of anesthesia.
- Describe the level of discomfort.
- Limitation on food and drink, if any.
- Make recommendations about scheduling activities before and after each appointment.
- Describe the appearance and timing of temporary phase.
- Explain any limitations on eating and drinking.
- Offer guidance about care of temporaries and information about how to handle problems.
- Describe aftercare and follow-up.

patient's previous treatment experience listen for excessive negativity. Another signal may be your "gut" feeling that this is a person who can't be satisfied. Still another signal may be the opposite type of presenting behavior—excessive or extreme flattering or "idealizing" praise for you and your reputation. The key sign is excess, especially when it feels strange or not the normal response you encounter.

Unfortunately, it is often difficult to predict the presence of an angry or demanding personality before treatment begins. After you have begun treatment, you may find that a patient has treated you or your staff rudely or disrespectfully, and that this behavior is occurring repeatedly even to the extent that you dread treating this patient. It is important to deal with this as soon as it occurs.

You will need to gather as much information as possible so you can weigh your options. First, deal with the patient's complaints by addressing them directly while maintaining your composure. Ask the patient to tell you what he/she is dissatisfied with, listen without arguing or defending yourself and, most importantly, ask the patient what he/she wants you to do to reme-

dy the problem. This last step may de-escalate the situation and get the patient focused on solutions. Repeat what the patient tells you in a calm manner to make sure he/she feels you have understood. At this point, you have several options. You may choose to accommodate the patient's requests if you see that it will expedite treatment and that you will not feel compro-

mised or manipulated. Reach an agreement with the patient about what will be done to resolve the complaints, and keep visits short and focused to minimize further escalation.

On the other hand, if the patient seems to be more focused on denigrating or abusing you and the staff, you have the right to ask him/her to get a second opinion or refer the patient elsewhere. Communicate calmly but assertively so that you do not encourage further abusive behavior.

WHEN THE DENTIST IS THE PROBLEM

While it can be humbling and painful to acknowledge, sometimes the designated "difficult patient" is a normal patient reacting to a lack of good management on the part of the dentist. Patients need to know what to expect and what is expected of them. Provide specific and detailed information in written form and give it to the patient while he/she is in the reception room. Table B has a list of items to include in your written policies and procedures. When the patient comes in to talk with you, ask if he/she has read this form, and ask if they have any questions about what he/she read.

It is important to be self-aware when it comes to your own stress level. There are times in all our lives when we are under more than the usual amount of stress and as a result our patience and resilience are limited. The same types of stresses that affect your patients may be affecting you—illness, marital problems, death of a loved one, financial difficulties, etc. If you are experiencing unusual stress, it is important to adjust your caseload temporarily and not take on the patients who will need extra attention and time. If necessary, get the guidance and support of a psychotherapist. If you don't correct your side of the problem, you will increase the likelihood of patient loss, negative publicity, staff turnover, or malpractice lawsuits.

CONCLUSION

Managing difficult patients requires that you learn as much as possible about the signals to look for and that you develop some strategies for adjusting your communication and responses. The fact that you have tried to prepare yourself and your patients for a positive and satisfactory treatment experience will go a long way toward reducing your own stress level. ○

