



The
Utah Dental Association
presents

UNDERSTANDING DENTAL FEAR



***SUCCESSFULLY TREATING THE
APPREHENSIVE PATIENT***

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-- Instructor --
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SECTION 1

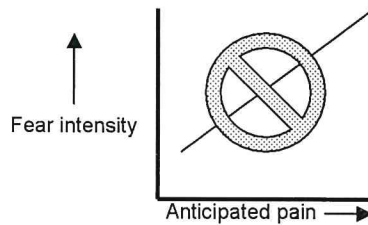
➤ *Principle No. 1*

• The three "N's" of fear. Fear is:

- 1) _____: fear is a _____ condition which helps one avoid unnecessary dangers throughout life.
- 2) _____: our brains are _____ to fear
- 3) _____: it is a _____ based on life's experiences

➤ *Principle No. 2*

Fear is _____ proportional to pain (stress of the appt.)

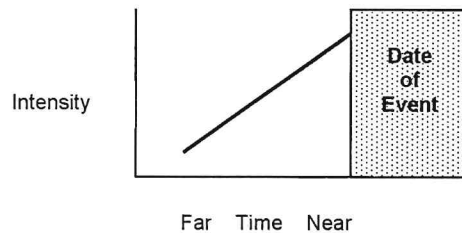


➤ *Principle No. 3*

Time seems to expand when under stress

➤ *Principle No. 4*

All emotions _____ in intensity as the date of the stimulus approaches.



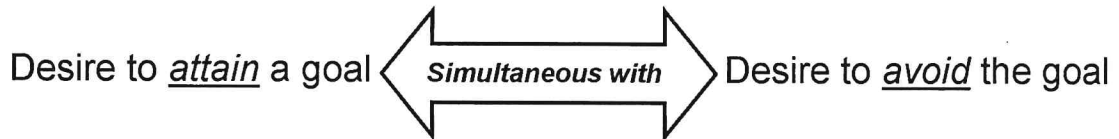
However, the relationship may not be linear.

➤ **Principle No. 4**

This handout pairs with PowerPoint
2023 3 hr St Paul 1-5

The Approach/Avoidance Conflict

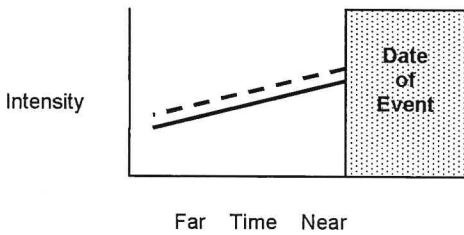
Two _____ tendencies with respect to the same situation.



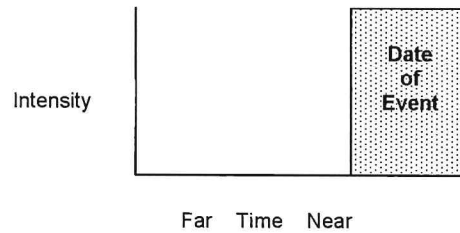
Approach _____

Avoidance - - - - -

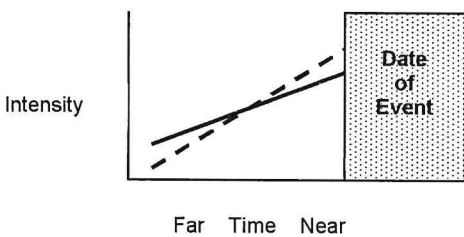
The "normal" patient



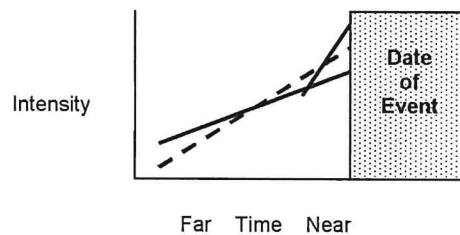
"Goers but haters"



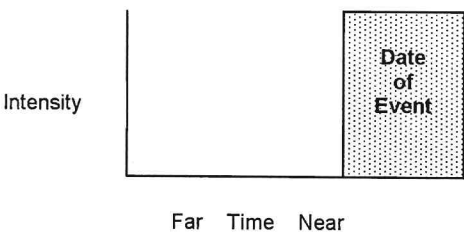
How does this person behave?



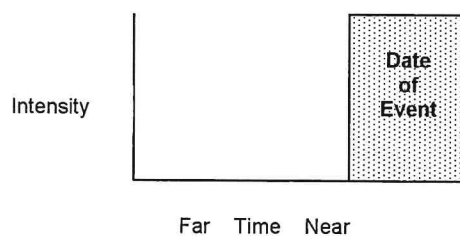
How about now?



The total avoider

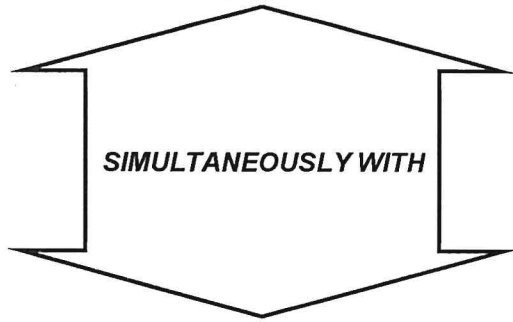


The total avoider w/ emerg.

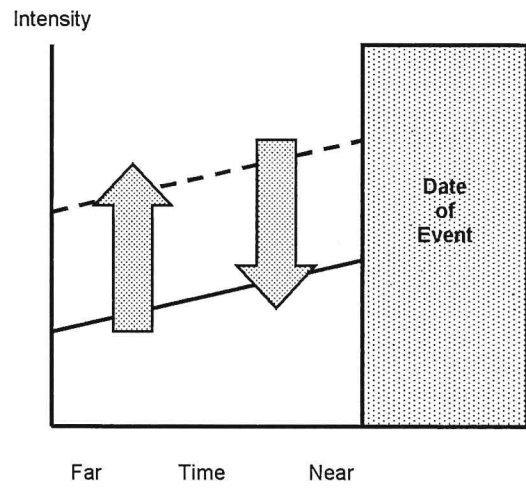


➤ *The Goals of Apprehension Management*

Elevating the _____ line



Reducing the _____ line



SECTION 2

➤ *Elevating the Approach (Green) Line...*

... understanding what _____ currently exist within the patient.

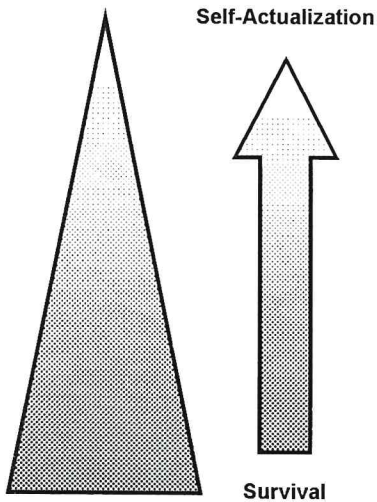
... helping the patient _____ their _____ of dentistry.

➤ *Two Basic Patient Motivators*

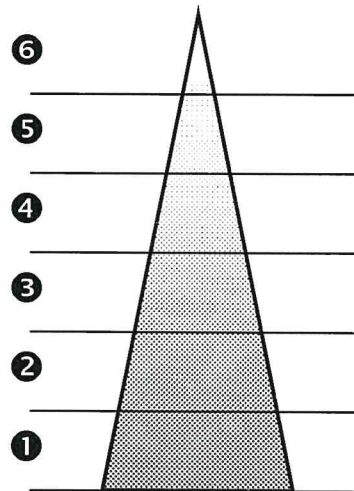
- Meeting the _____ needs of the patient.
- Meeting the _____ needs of the patient.

➤ *Meeting the Patient's Dental Needs: Hierarchy of Needs*

Abraham Maslow's
Hierarch of Needs



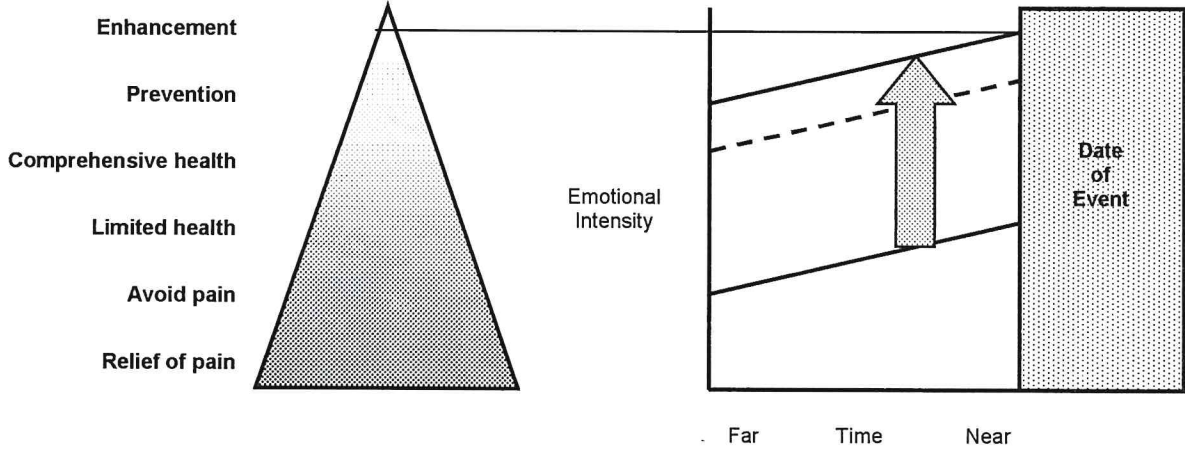
L. Sangrik's Applied
Dental Model



➤ *Apprehension Management*



It is difficult (if not impossible) to rely on elevating the patient's motivation.



To successfully treat the apprehensive patient, the avoidance line must be lowered.

➤ *Categorizing the Fearful Dental Patient*

3 KEY QUESTIONS

- 1) Why is the patient fearful?
- 2) How intense is the fear?
- 3) What type of person is this?

_____ possible answers
 X _____ possible answers
 X _____ possible answers
 _____ possible combinations

➤ *Question 1: Why is this patient fearful?*

The Four Categories of Dental Fear

Based on Milgrom & Getz, Dental Fear Research Clinic, U. of Washington School of Dentistry

- 1) _____
- 2) _____
- 3) _____
- 4) _____

• Dental fear categories are a convenient method to group patients.
 • Dental fear categories are not a diagnostic classification.

➤ *Specific Fear*

PHYSICAL OR PROCEDURAL
<ul style="list-style-type: none">• Needles / injections• Handpiece / drilling• Rubber dam• _____• Root canal therapy• Extraction

ABSTRACT
<ul style="list-style-type: none">• _____• Sounds & odors• Medical environment• Insufficient anesthesia• Inability to stop treatment• Pain?

- Dental History
Clearly states (e.g.), "I hate needles."
- Presenting Complaint
"I don't mind anything except the pain of..."
- Medical History
NSF. Perhaps similar problem in medicine.
- Social / Psychological History
"I can't think of anything else I'm afraid of."
- Control
Fears that there is no way to avert a negative experience.
- Treatment Objective:

NOTES:

➤ *Distrust / Loss of Control*

PHYSICAL OR PROCEDURAL
<ul style="list-style-type: none">• Reclined chair position• Hovering DDS posture• Too close _____

ABSTRACT
<ul style="list-style-type: none">• Authoritative dentist or staff• Inability to _____ <i>(e.g. rubber dam)</i>• Perceived not being heard, appreciated or understood

- Dental History
Hypersensitivity to the behavior of the dental team
- Presenting Complaint
"I want to be treated as a person."
- Medical History
NSF. Perhaps similar problem in medicine.
- Social / Psychological History
Views self as rational.
Consider history of loss of control
- Control
Believes their view is not understood or valued.
Frequent history of negative childhood experiences
Appreciates information, facts and options
Desires (insists) on participating in the treatment decisions
- Treatment Objective:

NOTES:

➤ **Catastrophe**

Fear of a major event occurring during dental treatment


PHYSICAL OR PROCEDURAL
<ul style="list-style-type: none">• _____• Heart attack• Tachycardia• Hyperventilation• Suffocation• Incontinence

ABSTRACT
<ul style="list-style-type: none">• Negative outcome• Dentist unable to respond• Personal _____

- Dental History
Usually open to discussing problem, if asked.
- Presenting Complaint
"I think I'm allergic to anesthetic."
- Medical History
Often requests no epinephrine.
- Social / Psychological History
Appears rational except for this one area.
- Control
*Views body reactions as beyond their control.
Describes problems as "attacks."
Attributes problems to an outside factor (e.g, epinephrine)*
- Treatment Objectives:
 - ① _____
 - ② _____

NOTES:

➤ *General Anxiety*

 1. Most common dental fear category.
2. General anxiety is a psychological condition.

PHYSICAL OR PROCEDURAL
<ul style="list-style-type: none">• _____ dental

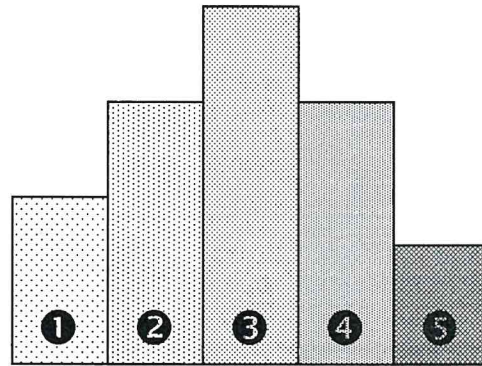
ABSTRACT
<ul style="list-style-type: none">• Inability to cope with the _____ of life.

- Dental History
Often has incomplete treatment.
- Presenting Complaint
“everything about dentistry is awful.”
- Medical History
Often has a long list of vague, unresolved problems.
- Social / Psychological History
Typically describes self as “worrier” or “anxious.”
- Control
*Views life as uncontrollable.
Views life as happening to them.
Events/situations are beyond their control.
Frustrated that others can deal better with any given situation.*
- Treatment Objective:
 - ① Promote _____.
 - ② Consider medical or psychological referral.
 - ③ Consider _____ during treatment.

NOTES:

➤ *Question 2: How intense is the fear?*

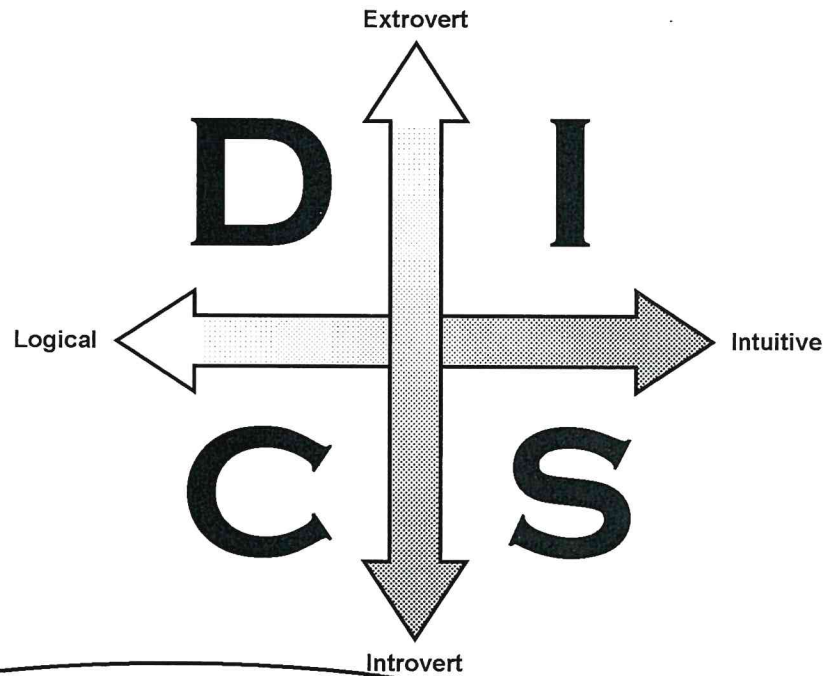
- 1) Clinically insignificant
- 2) Mild
- 3) Moderate
- 4) Severe
- 5) Critical



➤ *Question 3: What type of person is this?*

The DISC® Profile

- **D**ominant
- **I**nfluential
- **S**teady
- **C**onscientious



All patients have good characteristics...
...and bad ones too!

➤ *Understanding the DISC® Profile*

	Dominant	Influential	Steady	Conscientious
MAJOR GOALS	<ul style="list-style-type: none"> • Results • _____ 	<ul style="list-style-type: none"> • People involvement • Recognition 	<ul style="list-style-type: none"> • Security • _____ 	<ul style="list-style-type: none"> • _____ • Order
MAJOR FEARS	<ul style="list-style-type: none"> • Losing _____ of environment • Being taken advantage of 	<ul style="list-style-type: none"> • _____ • Loss of approval 	<ul style="list-style-type: none"> • Sudden changes • Losing security 	<ul style="list-style-type: none"> • _____ of performance • Lack of standards
DISLIKES	<ul style="list-style-type: none"> • Being _____ by others • Lack of results 	<ul style="list-style-type: none"> • Handling complex details • Working alone 	<ul style="list-style-type: none"> • Hostility • _____ • Unpredictability 	<ul style="list-style-type: none"> • Disorganization • Unclear explanations
UNDER PRESSURE	<ul style="list-style-type: none"> • Domineering • Impatient 	<ul style="list-style-type: none"> • _____ • Disorganized 	<ul style="list-style-type: none"> • Conforming • Indecisive 	<ul style="list-style-type: none"> • _____ • Stubborn
AS A BUYER, RESPONDS TO	<ul style="list-style-type: none"> • Options • Efficiency 	<ul style="list-style-type: none"> • _____ • Saving personal effort 	<ul style="list-style-type: none"> • Assurance of stability • _____ attention 	<ul style="list-style-type: none"> • Evidence of quality/accuracy • Logical approaches
DECISION STYLE	<ul style="list-style-type: none"> • _____ 	<ul style="list-style-type: none"> • Emotional • _____ feelings 	<ul style="list-style-type: none"> • _____ • Deliberate 	<ul style="list-style-type: none"> • _____


The Hidden Agenda

☆☆☆ What does the patient really mean? ☆☆☆


- Dentist: "You need a root canal."
- Patient: "I have reservations about this."

- ✓ The **D**OMINANT personality focuses on: _____.
- ✓ The **I**NFLUENTIAL personality focuses on: _____.
- ✓ The **S**TEADY personality focuses on: _____.
- ✓ The **C**ONSCIENTIOUS personality focuses on: _____.

➤ *When Worlds Collide...*
...Anticipating Conflict between Personality Types


 All interactions between similar or dissimilar personalities have the potential for favorable or unfavorable results

	Dominant	Influential	Steady	Conscientious
DISLIKES	<ul style="list-style-type: none"> • Being controlled by others • Lack of results 	<ul style="list-style-type: none"> • Handling complex details • Working alone 	<ul style="list-style-type: none"> • Hostility • Conflict • Unpredictability 	<ul style="list-style-type: none"> • Disorganization • Unclear explanations
UNDER PRESSURE	<ul style="list-style-type: none"> • Domineering • Impatient 	<ul style="list-style-type: none"> • Emotional • Disorganized 	<ul style="list-style-type: none"> • Conforming • Indecisive 	<ul style="list-style-type: none"> • Withdraws • Stubborn


 The key to successful interaction lies in
 1) understanding your own weaknesses
 §
 2) anticipating and accepting the weaknesses of others

SECTION 3

Oral Interview

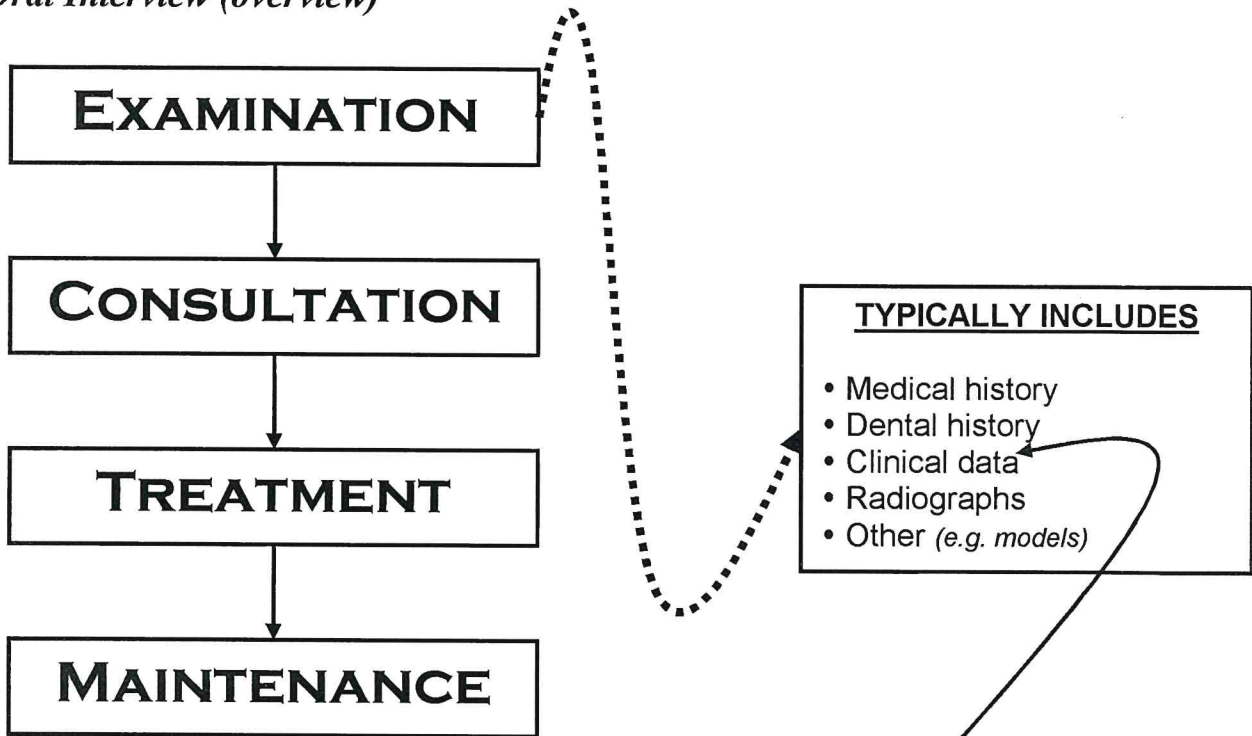
ADVANTAGES

Highly reliable results
Effective use of time
Builds patient rapport
Minimally intrusive to patient
No expense

DISADVANTAGES

Requires dentist to _____
Change in office routine

➤ *The Oral Interview (overview)*



Expand to include FEAR ASSESSMENT here

➤ *The Oral Interview (specific steps)*

Step 1: Build _____

• **Know in advance**

- ✧ Patient's job
- ✧ Patient's family
- ✧ Source of referral

• **Introduce yourself by your first name**

- ✧ Helps "I" personalities
- ✧ Helps "distrusts/control" fear types

Step 2: _____ dental history

• **Chief complaint**

- ✧ "How may I help you?"

Words in italics are to be quoted exactly.

• **Current symptoms**

- ✧ Teeth
- ✧ Gums
- ✧ Other (e.g. TMJ)

• **Past dental history**

- ✧ Last dental appointment
- ✧ Significant past problems & treatment
- ✧ Are you satisfied? "*What made you change dental offices?*"

Assess DISC
personality

Step 3: Transition to a discussion of _____

• Initial assessment

Establish fear intensity

✧ "How do you feel about dental appointments? Some people tell me they are rather apprehensive, others say they don't care very much. How do you feel?"

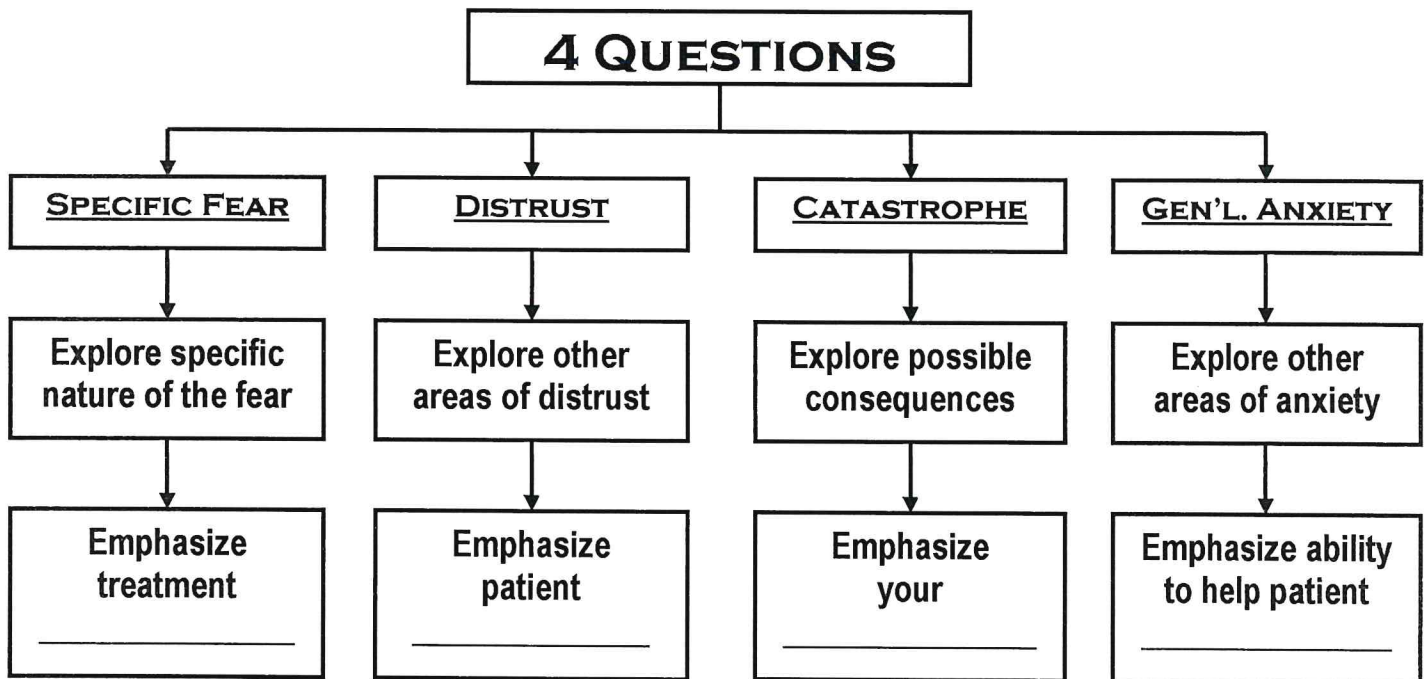
✧ "If you had to rank your feelings on a scale of 1 to 5, with 5 representing the worst thing you can think of, where do dental appointments fall?"

Establish type of fear

✧ "Why did you say that?"

✧ "What can I do to make dental appointments easier for you?"

• Follow-up



Step 4: Determine patient's motivators

• What are the patient's expectations?

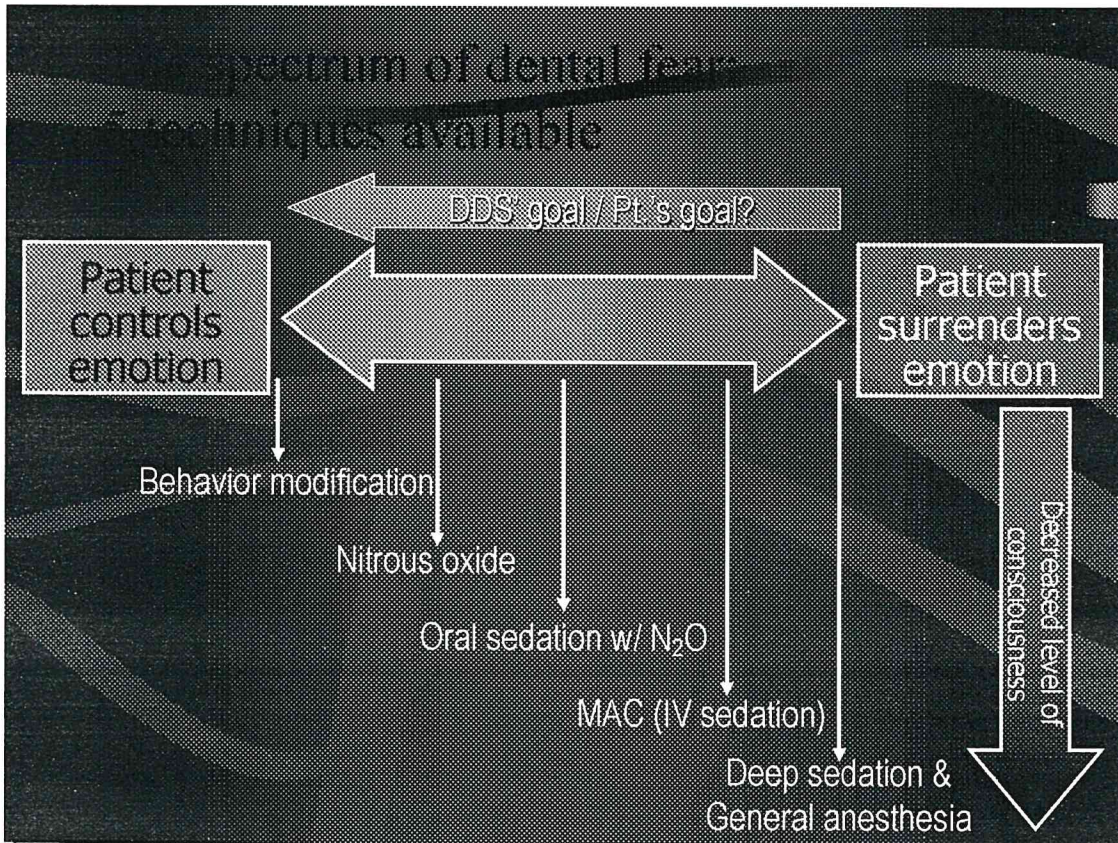
✧ Saving all teeth

✧ Esthetics

✧ "What are your goals in coming to the dentist?"

★★★ At this point, all four questions have been addressed:
 (1) DISC profile, (2) type of fear, (3) intensity and (4) patient motivators. ★★★

SECTION 4



Behavior Modification

- *Physical Strategies*
 - Relaxation (Patterned) Breathing
 - Muscle Relaxation
- *Physiological Strategies*
 - Biofeedback
- *Cognitive Strategies*
 - Redefining Success / Offering Praise
 - Altering Expectations: Redefining the experience
 - Distraction
 - Guided Imagery
 - Focused Attention

Treatment Planning to Meet Patient's Fear Needs

- A = Behavior Modification
- B = Nitrous Oxide
- C = Nitrous Oxide with Oral Sedation
- D = Moderate Anesthesia Care
- E = Deep Sedation / General Anesthesia

General Anxiety					
Intensity →	1	2	3	4	5
Basic	B	B	B C	B C D	C - E
D	B	B	B (C?)	B C D	C - E
I	B	B (C?)	B C	B C D	C - E
S	B	B	B (C?)	B C D	C - E
C	B	B (C?)	C	C D	D - E

Specific Fears					
Intensity →	1	2	3	4	5
Basic	A B	A B	B C	B - D	C - E
D	B	B C	B - D	B - D	C - E
I	A B	A B	A - C	B - D	C - E
S	A B	(A?) B	B C	B - D	C - E
C	A B	(A?) B	B C	B - D	C - E

Loss of Control					
Intensity →	1	2	3	4	5
Basic	A C	A C	C D	D	D E
D	A C	A C	A C D	D	D E
I	A C	A C	A C D	D	D E
S	A C	A C	A C D	D	D E
C	A C	C	C D	D	D E

Catastrophe

No rules apply

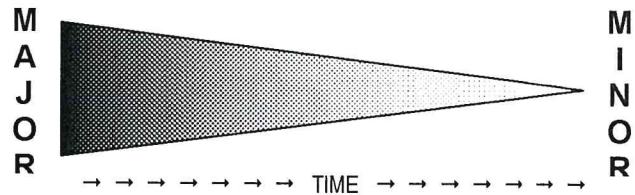
➤ *Goals for Treatment Planning*

- Helping Patients...
 - ...become less dependent on medications
 - ...develop better internal coping skills
 - ...be capable of dealing with a wide variety of dental treatment
- Order of Treatment
 - ✓ Establish the patient's dental needs (*don't compromise*)
 - ✓ Factor in the patient's motivators
 - ✓ Factor in the patient's fears, intensity and personality (*barriers to treatment*)
- Technique Options
 - ✓ Big to Little
 - ✓ Little to Big

BIG TO LITTLE

- ✓ Perform major treatment first with heavy medication
- ✓ Best choice for patients with _____ procedures
- ✓ Work toward minor treatment with decreasing reliance on medications
- ✓ Encourages self-reliance

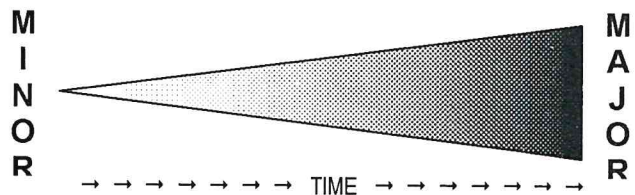
Moving from Major Treatment to Minor Treatment



LITTLE TO BIG

- ✓ Perform minor treatment first to build confidence
- ✓ Best choice for patient with repeatable procedures
- ✓ Encourages increased _____ skills

Moving from Minor Treatment to Major Treatment



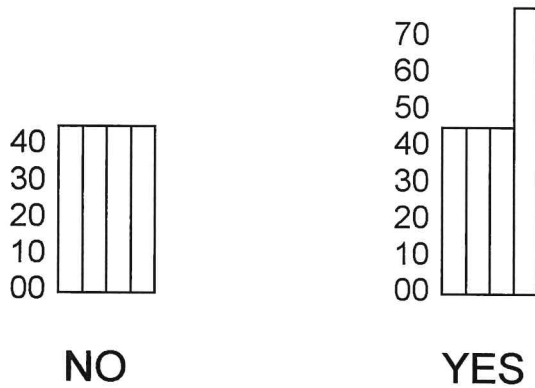
SECTION 5

- Step 1: Charge for all sedation services

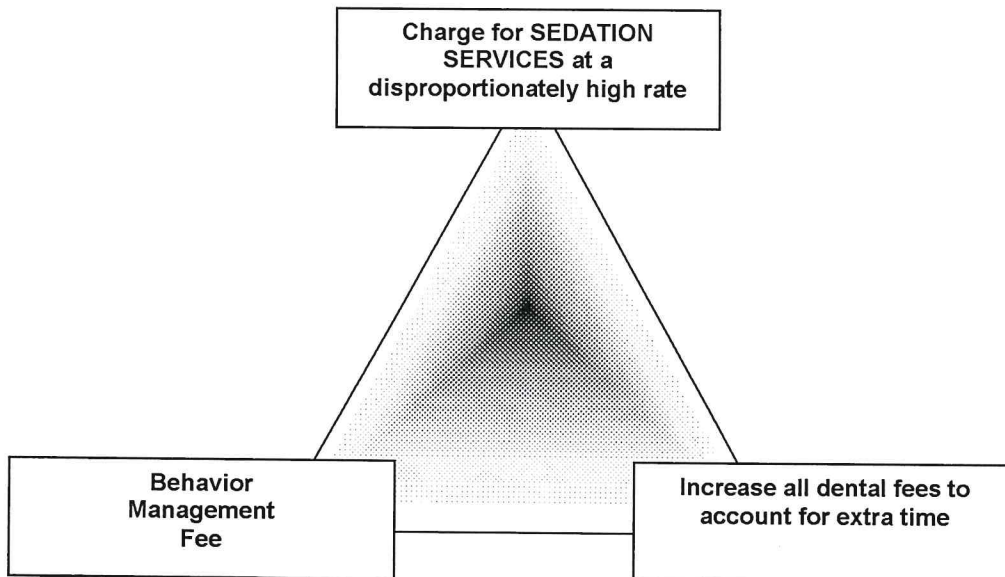
Technique	ADA Code	ADA Term	Method of Charging
Nitrous oxide	D9230	Analgesia	Per appt.
Oral sedation with N ₂ O	D9248	Non-IV sedation	Per appt.
MAC	D9241	IV sedation	1 st ½ hour
	D9242	Addl. IV sedation	Each addl. ¼ hour
Genl. Anesthesia		<i>No charges if using an anesthesiologist</i>	

- Step 2: Charge for your extra time

- Average appointment time will increase, but not uniformly.



- Three Alternatives to Compensate for Extra Patient Time



Disclosure

All numbers shown are to provided as mathematical examples only and are not intended to represent or recommend actual dental fees

➤ Charging disproportionately high for sedation services

Average DDS production:	\$300/hr
Addl. Time for N ₂ O:	6 minutes
Fee to generate ave. income:	\$30
By charging \$50:	\$20 to offset extra time

Charging extra for dental services



➤ Charging extra for selected patients

- Have a list of pre-established aberrant behaviors
- Assign values to these behaviors
- Evaluate patient at the first appt. (before treatment plan is presented)
- Total the sum of the problems
- Have a scale to determine intensity
- Charge based on intensity

- 5 Need to Concierge
- 5 Crying during history
- 4 Argumentative/uncooperative
- 4 Need for control
- 3 Extreme tactile sensitive
- 3 Needs spouse
- 3 Unreasonable stopping
- 3 Excessive questioning
- 2 Unable to take perio pockets
- 2 Unable to take FMS x-rays
- 2 Intellectually challenged
- 2 Fear of phoning
- 2 Dwelled on appt since calling
- 1 Unable to sleep last night
- 1 Referred by another dentist

Sliding Fee Scale

0-4	Normal Fees
5-9	add 10%
10-14	add 18%
≥15	add 25%

➤ Behavior Management Fee: D9920

- Most accurate
- Was a service actually provided?
- No insurance benefit / Patient self pays
- OK with most preferred provider contracts
- Patients dislike being defined as a management problem