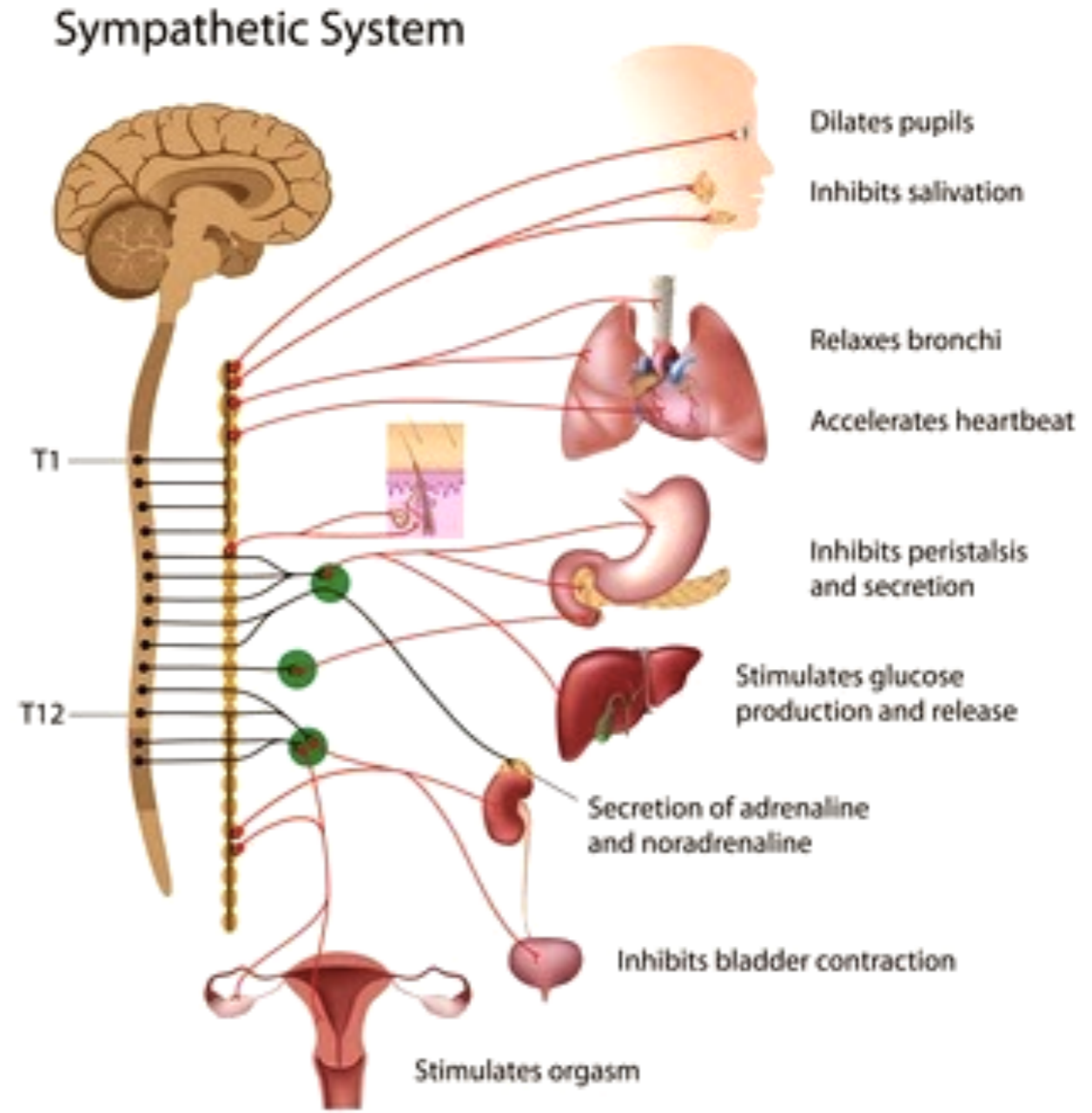
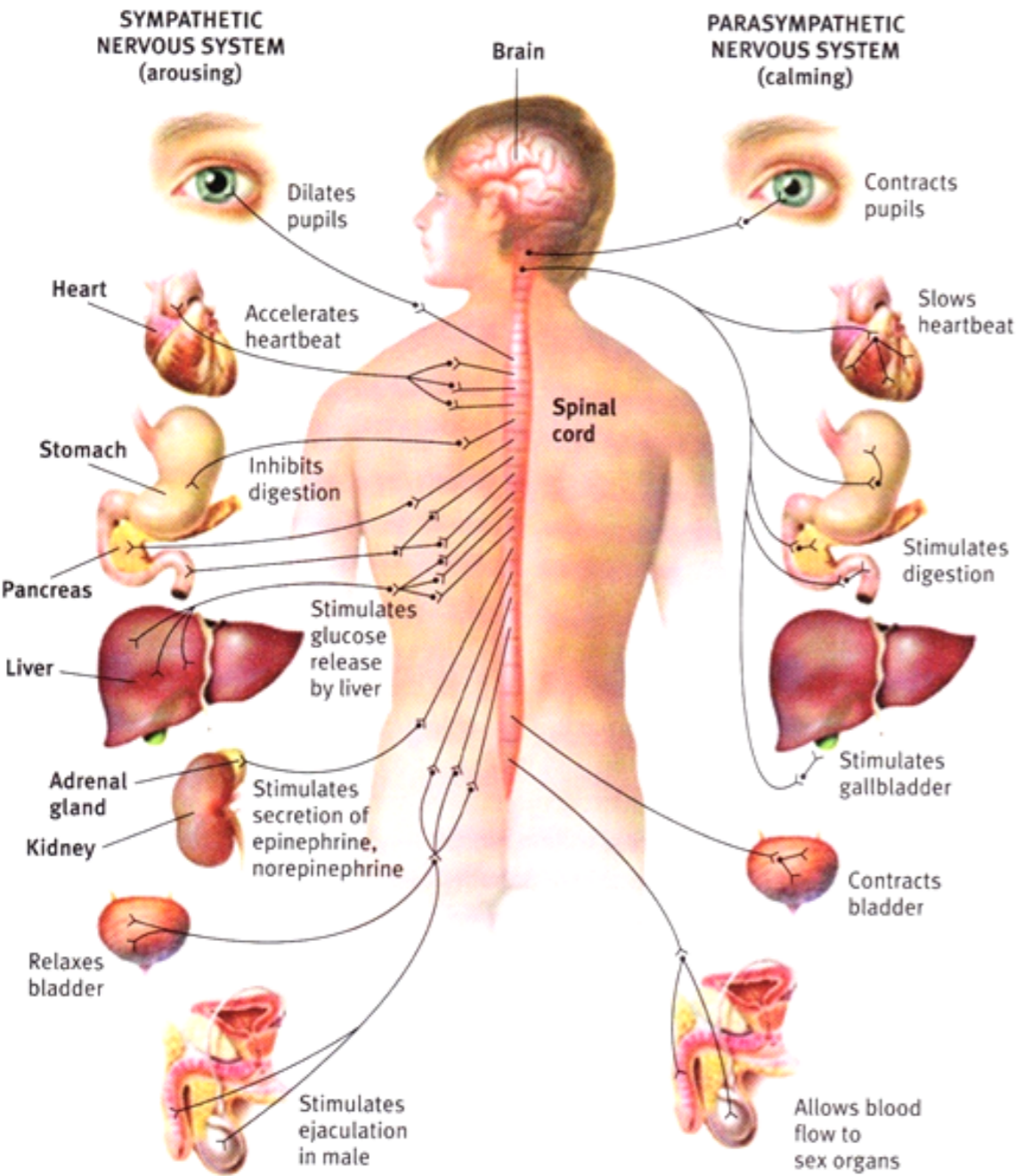


# Caring and Fear



# The Sympathetic Nervous System Comes Between Our Best Intentions and Patient Comfort



# Anxiety is For Everyone

Only about 18% of patients have pathological Dental Anxiety, but **everyone** has a nervous system.

This material pertains to **every single mammal** you will ever treat.

Everyone's nervous system responds to **discomfort and uncertainty**, whether they want to or not.

Once the anxiety response is triggered, even lightly, the patient is more sensitive and more focused on their feelings and sensations. **They become more sensitive to pain.** Alert to threats, they interpret **otherwise neutral cues** as possible danger. Their fight-or-flight response is engaged.

That all means that **small things can add up quickly** until they are **having a bad time** in your chair, which makes treatment more difficult and uncomfortable.

Even a generous patient has no choice: their brain will remember the fear and associate it with our practice and us, especially since **stress chemicals enhance long-term memory formation.**

With all the inherent **unknowns, discomforts and danger cues**, anxiety is a **self-sustaining chain-reaction** in a dental setting.

Careful consideration for their comfort is the key to avoiding this chain reaction, which is the **number one reason** patients develop **avoidance patterns** toward dentistry that impact their oral health.





# The Anatomy of Fear

Fear is the result of anxiety. Anxiety is practical and physiological. It's a useful, automatic bodily response to uncertainty and discomfort

Anxiety is a psychological, physiological, and behavioral state induced in animals and humans by a threat to well-being or survival, either actual or potential.

It is characterized by increased arousal and sensitivity, expectancy and vigilance, autonomic and neuroendocrine activation, and specific behavior patterns.

These changes is to help us react to an adverse or unexpected situation.

Dental treatment is rife with universal fear triggers. You can prevent the cascading physiological fear response by accommodating comfort and predictability.

# Developing Patient Empathy

## Danger Signs: Inherent Discomforts in Treatment

### **Lack of Control/General Uncertainty**

Unable to speak clearly

How long will this last?

What comes next?

Will they know I'm uncomfortable?

Will unusual sensations become painful?

### **Looming Potentials**

Bad news about pain,

their health, their money,

their time, and making decisions

they don't fully understand

(The 4 Fears)

### **Lack of bodily freedom**

Reclining

Hands pinned

Open mouth

Unnatural breathing and swallowing

### **Sensations and Sounds**

Vibration

Scraping

Pressure

Pinching

Taste of blood

## Patients Bring Baggage With Them



### **Attitudes and Past Experiences**

Memories or the expectation of pain, discomfort, or lack of consideration of their Four Fears: Pain, Expense, Time, and Lack of Understanding all prime the anxiety response.

# What We Can Do

When we interviewed experienced, productive hygienists, they all said the same thing: great care is all about going to great lengths to manage the patient's comfort on a psychological level. Here's what they do on the visible level.

## **Start with a human connection**

They must feel seen and heard. Make time to connect, especially before treatment. Engage them in conversation about their lives, and don't stop until you've found something you connect on. This connection is what the rest of your communication is built on.

## **Anticipate and normalize their needs and perceptions**

Recommending breaks as you sense their need and before they do, calling out sounds and sensations they will experience in plain, neutral language. This creates a sense of safety and control over their environment, which is crucial to psychological comfort.

## **Explain what's happening and what to expect**

Explain what you're doing and seeing in plain, neutral language. Let them know what's coming next, and how close to finished you are. This helps patients pace themselves, and do their part to stay calm and comfortable.

## **Demonstrate and regularly reinforce that you care and are aware**

Using verbal and nonverbal cues, signal and say that you are aware of what they are experiencing. This is the heart of an empathic connection. Small things, like meeting the patient inside the reception area and walking with them to the operatory, make a difference.

## **Solicit and respond to their feedback at regular and situational intervals**

This is how you create a caring connection and a solid feeling of safety.

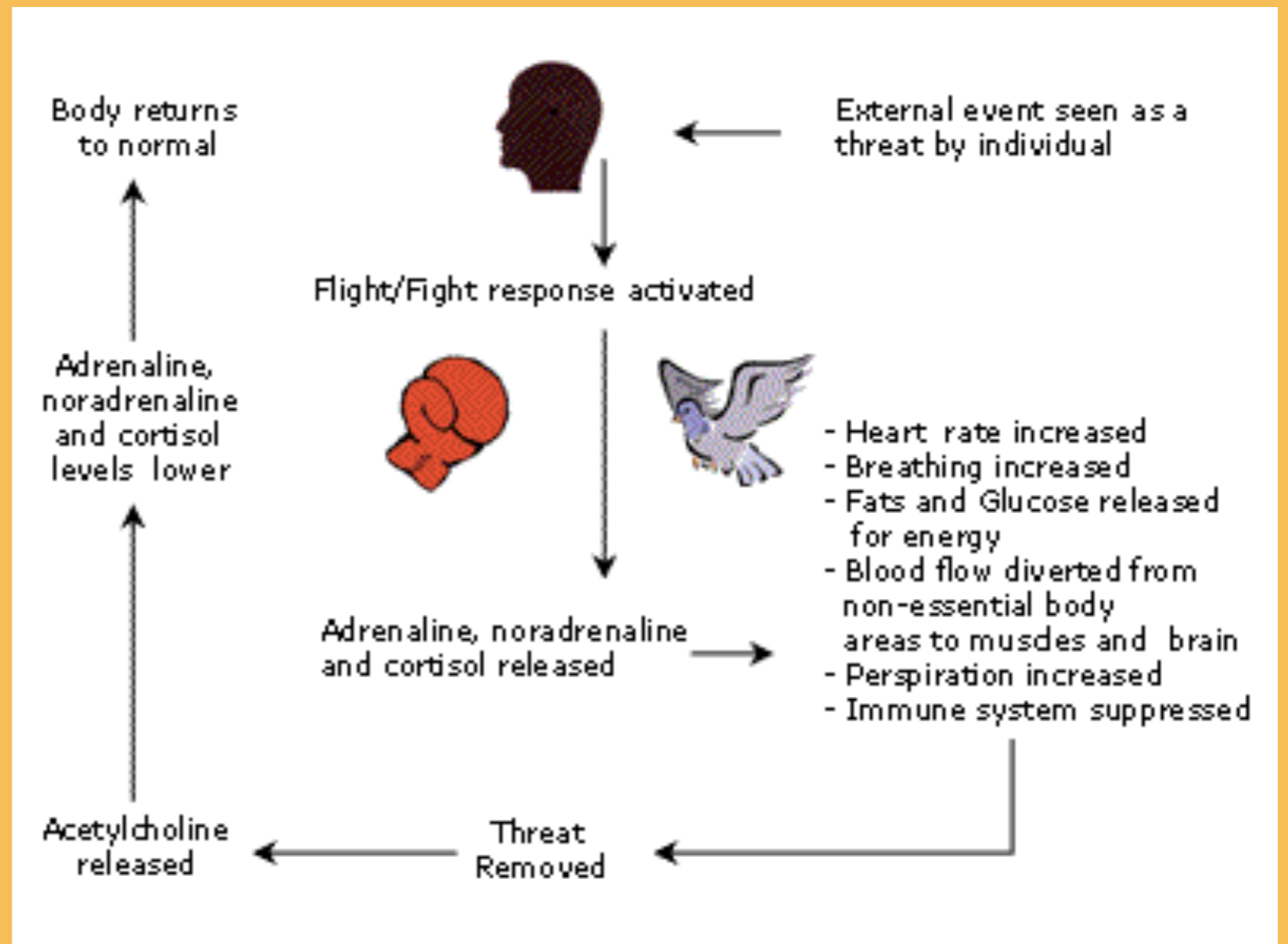
# Gaming The Anxious Feedback Loop To Win For Our Patients

This diagram shows why all those constant, small touches work.

Treatment inherently involves and creates threat signals. Engaging anxiety causes neutral cues to be interpreted as possible threats.

By anticipating these signals and preparing and supporting the patient before and as they occur, we help them keep their nervous system calm.

This is the secret.



# Big-Picture Reality Check:

Calm Comfort Clearly Communicates Clinical Competence  
....and makes the world a better place (for oral health).

Managing anxiety isn't on the front of every patient's mind. When you do a good job, they'll only notice that the time passed smoothly. We know that's because their nervous response was kept calm. They only know that they wouldn't mind coming back, and that maybe going to the dentist isn't so bad, after all.

When it comes to assessing their confidence in your ability, patients only understand so much about dentistry. What they do understand is personal consideration and their own comfort. After a top-notch treatment, patients won't think, "Gee, they really managed my anxiety response and scaled those teeth well." They'll think, "Wow, that was **easy**."

But it's more important than that. When we successfully manage our patients' comfort and fear, we help them think rationally, not emotionally, about dentistry and oral health. Creating positive dental experiences helps patients understand, appreciate, and value oral health care.

The ADA estimates that **40% of insured dental patients** do not seek dental care outside of emergencies. Your focus on doing what it takes to help patients feel comfortable and considered makes a huge positive impact on their health. It inspires confidence in the level of care they receive and heals negative perceptions of dentistry, which encourages them to remain more proactive in their oral health.

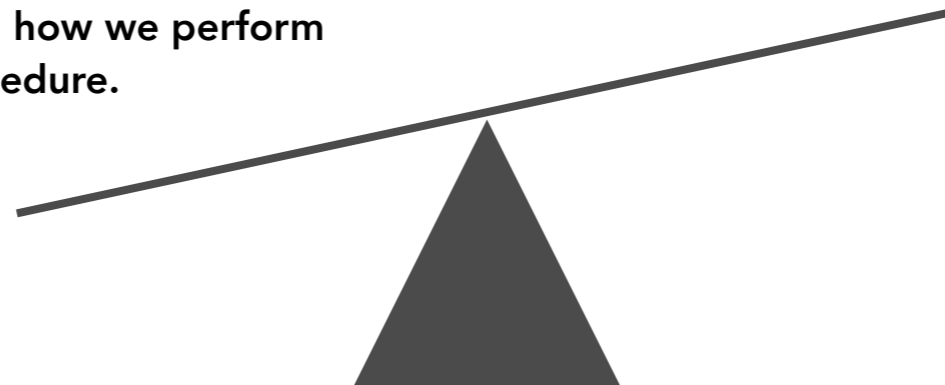
Managing our patients' fears makes a significant difference in the world.

# BALANCING POWER

Each treatment has a power imbalance.

We know more and we hold the tools.  
They are subject to pain, expense, and  
inconvenience based on what we tell  
them they need, and how we perform  
each procedure.

Patients rely on us.

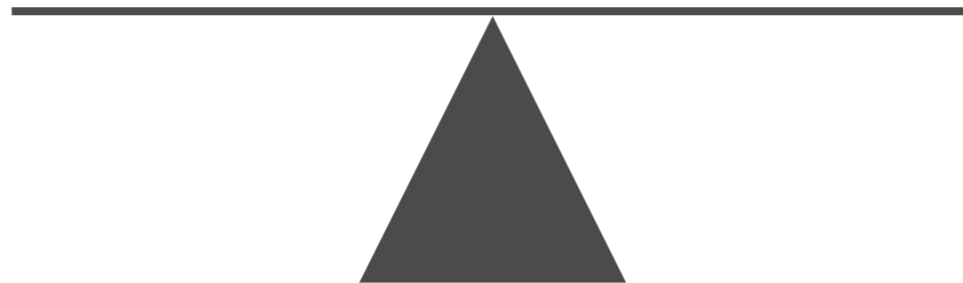


# BALANCING POWER

Predictability balances power.

Eliminate unknowns.  
Solicit responses and input.  
Explain each step with special  
attention to the 4 Fears.

Give the patient confidence  
that they know what to expect  
and are ultimately  
**in control of the process.**



**Make things predictable.**

which leads us to

# “The Dental World”

A perspective-taking mnemonic for next-level comfort outcomes

As we’ve seen, a dental appointment can be hard on the nervous system. To intuitively understand what sets patients off, it helps to see the practice as a strange environment. When you share a perspective with your patient, you will automatically know what to say and do to help them stay calm and comfortable.

Drawing a distinction between “the real world” and “The Dental World” helps you see yourself as a guide who helps patients navigate through a strange, specialized, unfamiliar place, whose “dangers” you know well enough to protect them from in order to reap its benefits.

This trains your awareness and keeps you in mind of the many fear and discomfort triggers that you have control over that the patient does not.

It also creates a point of view for you to inhabit as you treat that organizes all the small touches necessary to make patients feel comfortable, in control, and able to trust you, their doctor, and everyone in the practice.

Seeing yourself as a guide, protector, and advocate for your patients gives you a purpose beyond executing your clinical duties.

By embracing your personal role in improving their experiences and perceptions of dental care and the dental industry at large, you come to work each day to make progress in an ongoing project that constantly deepens your appreciation for the work you and your colleagues are doing, and its significant value to the world.

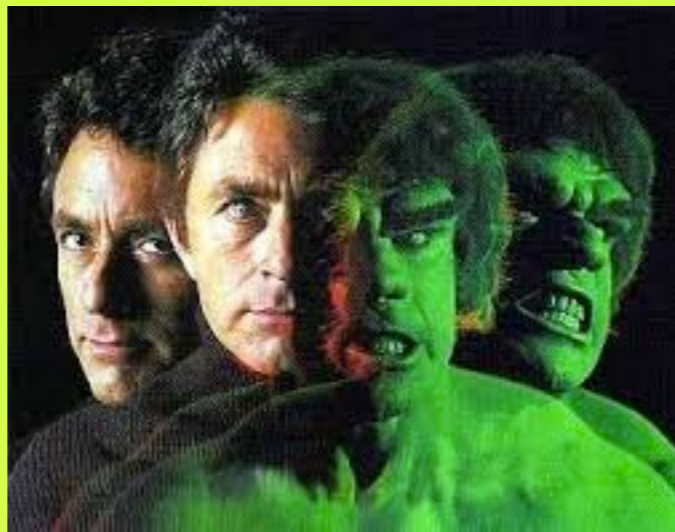
# Mentally Preparing for The Empathic Connection

To begin to understand the care experience from a patient's perspective, the first step is to remember what it was like **before you got used to** all of the strange sights, sounds, smells, and activities inside of a dental office.

Take a breath

## The Bad News:

You used to be a normal person,  
but working in dentistry has  
changed you.





## Exhibit A:

Things that scare a normal person  
(but not you)



## Exhibit B:

Things you used to provide guests  
(but less so now)

- The ability to speak without grunting for permission
- Free control over their own airways
- The ability to close their mouth at will
- More choices in bib fashion



# Empathic Flashback

**You have become used to strangeness of The Dental World.**

To relate to how a normal person feels in the dental world, go back:

Forget everything you understand teeth and gums.

Forget about knowing each step of the treatment process.

Stop tuning out the sounds of electric motors and the smell of hot dentin and disinfectant.

Remember what it's like to sit in the chair, waiting to take direction without being able to speak clearly, and without having the words to explain what you're seeing, hearing, and feeling.

Remember what it's like to try to get a sense of what's happening inside your mouth, out of sight and out of your realm of understanding.

Remember what it's like to wonder if it's supposed to make that scraping sound.

Remember any situation when you relied on the consideration of others to feel comfortable and safe in a strange environment.

# Empathy vs “being nice”

Empathy isn't being nice, and it's not guessing or pretending to know how someone else feels. It's trying to occupy the same reality with another person, and have a reasonable idea of how they are perceiving it.

Empathy isn't an extra sense gifted to some at birth and not to others. It's a **sensibility we all develop** by watching and listening to others, learning what to notice and look for, and using our memories, imagination, and common sense to help us assemble the perspective of another person.

As clinicians, we then use this insight to help our patients **prepare for, avoid, or mitigate the discomforts** inherent in treatment, and to **seek feedback and communicate** with our patients to help them filter, understand, and explain their experience, so they can communicate their feelings and needs

When we connect empathically, we are creating a **two-way set of expectations** that allow us to comfortably communicate with our patients, and them with us, so we can understand what they are experiencing and what they need, and we can express what we are seeing and what we need them to do to collaborate in the treatment process.



# Developing Patient Empathy

## Nonverbal Communication Essentials

### **Posture**

Keep a relaxed posture, both sitting or standing. Keep your back straight, but not stiff. Breathe in. Breathe out. Let those shoulders relax. This communicates that you feel comfortable with your surroundings, and will actively help you relax any tension in your neck and upper body from the last treatment.

### **Slower**

Take a deep breath, hold it for a second or two, and let it out easily. Focus on slowing down your speech and body movements a bit. You'll feel and appear more confident and receptive.

### **Eye contact**

Keep your head up and look at the patient's eyes both when they are speaking to you and when you are speaking to them. No need to stare! Allow yourself to blink and look away naturally. Good eye contact lets others know that you are present, they are being seen, and you are interested in the conversation.

### **Lean in**

Lean in slightly when someone is speaking. This is a clear active listening sign. Leaning away as someone speaks signals that you are uninterested or even hostile.

### **Arms**

Crossing your arms is an unmistakable sign that you are turned off by what is going on around you.

Letting your arms hang comfortably at your side or bringing your hands together in your lap shows others that you are open and paying attention to what they are communicating.

### **Gestures**

Emphasizing words with your hands helps you appear more credible and confident.

### **Take up space, don't hide**

You don't have to sprawl out or do the Superman pose, but sit or stand with your legs slightly apart. This communicates that you are at ease with yourself and not trying to hide.

As we said, nonverbal communication is very primitive. If you look uneasy, or like you're trying to hide, they will instinctively feel uneasy and want to hide.

### **Affirmative movements**

You can show empathy with simple actions of agreement like nodding your head or smiling. These actions let people know that you understand their perspective and can identify with what they are telling you. When it's appropriate, laughter is very affirmative.

### **Taking notes**

We have many questions we need to record the answers to. Repeating, confirming, and following up on their answers lets patients know that what they are saying is important, that you are interested in being accurate, and it also helps them give you the most useful answers.



# Working Without Your Face

When you entered the Dental World today, the face that you saw in the mirror this morning was replaced by the mask that you don to do your job.

Humans derive emotional context of verbal messages from facial expressions. Patients will miss this confirmation.

With a mask on, your facial expressions are now only detectable from the subtle way they inflect your voice, and how they reflect in the muscles in your eyes, jaw, and forehead.

Here's a place where it's easy to relate to the patient. Just as they have to make a special effort to communicate past dental apparatus, you have to do the same to communicate the full effect of your expression from behind your mask.

Watch your colleagues to keep an observer's sense of which expressions translate and don't from behind the mask, and work on telegraphing your facial gestures, and verbally expressing the reassurances our expressions usually handle.

# Developing Patient Empathy



## All Is Well: Verbal Communication For Comforting The Dental World

### **First: No blaming**

It's true that better homecare would prevent a lot of dental issues, but blaming the patient places you on opposing sides. **Once there is an adversarial relationship, good listening is lost.** The patient will often become defensive. They will silently distance themselves from responsibility with strange, convenient logic, as they seek prove that you are somehow wrong. So don't deal in blame, even though it's frustrating to work on the bloody, gushing gums of someone telling you they floss twice a day.

### **Second: No technical language. Don't use a word your mother didn't use**

Educating a patient doesn't mean using dental vocabulary until it sticks. **Don't pass on your clinical knowledge, pass on your practical understanding.** Help them understand what is happening in their mouth and what needs to happen next. Use metaphors and analogies to everyday objects and situations. Communicating a functional understanding doesn't require the proper technical language. Besides, they're in no position to learn and retain the new vocabulary. Successful patient education looks like a patient coming back next time healthier than before because they understood what you told them.

### **Third: General Style**

Whatever you encounter, don't express surprise or amazement. Instead, sound as though you have **seen this before, know what causes it, and know for a fact that it is easily and painlessly treatable.**

Also, Say what you see, not what you're not seeing or what you ought to be seeing. We tend to look at dental situations in terms of departure from the ideal. Clinically, this is good. Personally, it isn't. State your observation, don't state the distance from the ideal. That will emerge naturally during the treatment planning conversation. During your portion of treatment, serve as a trusted guide and interpreter of their oral health, using pictures as much as possible, and hold back when you start to speak in terms of diagnosis.



## The Muscles of the Face

### Generous Providers of Feedback

Anything that helps us know what the patient is feeling is worth paying attention to.

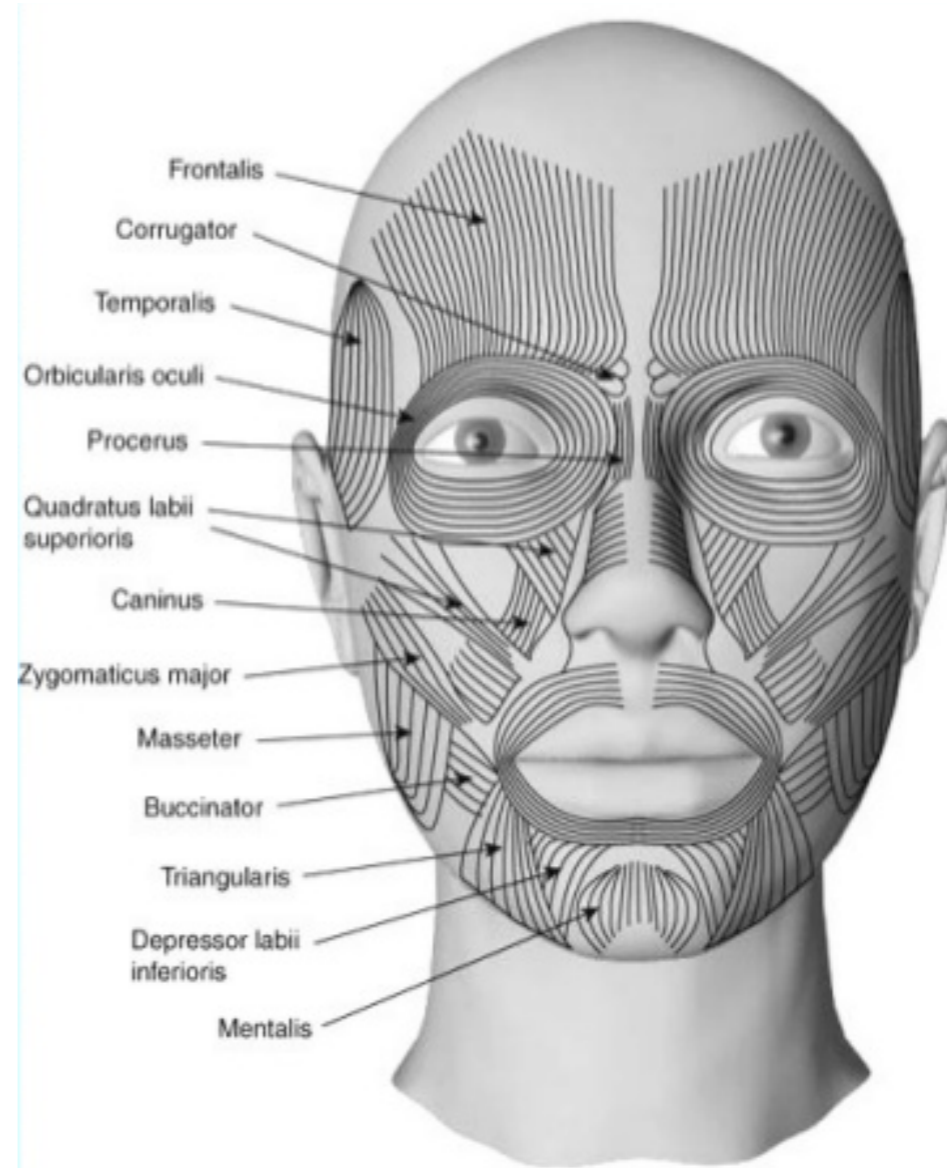
An awareness of the muscles in the face gives you direct access to important information about their comfort and the state of their nerves.

With the facial posture required for treatment, watching facial muscles is more reliable than judging facial expressions. Specifically, tension in the muscles controlling the area around the eyes reveals a patient who is quietly “bearing down” to help cope with physical or emotional discomfort.

Our most cooperative patients can be real troopers like this, and it’s important not to take them up on the offer. If you see constant tension or spasms in their facial muscles, let them have a break and use it as a chance to connect verbally as they take a moment to rest and relax.

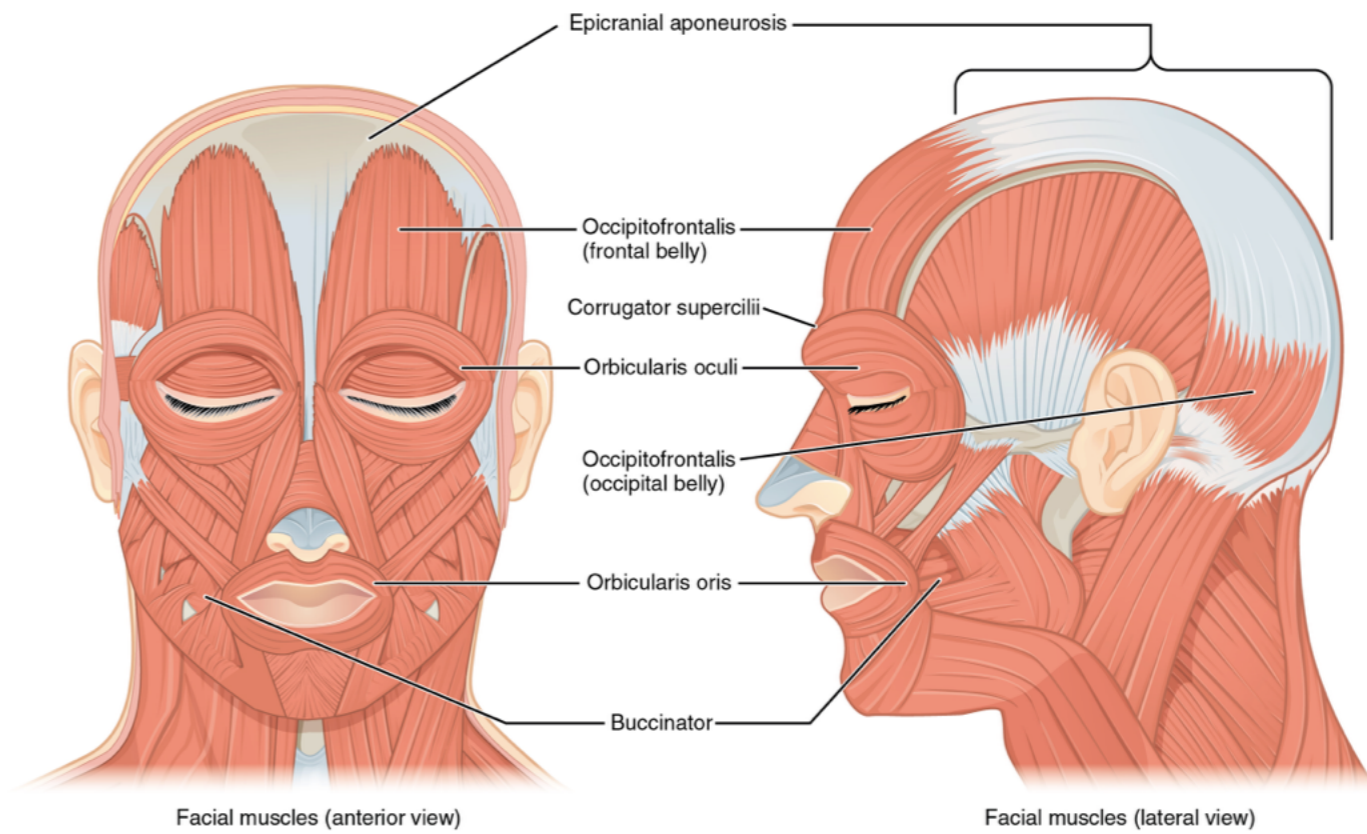
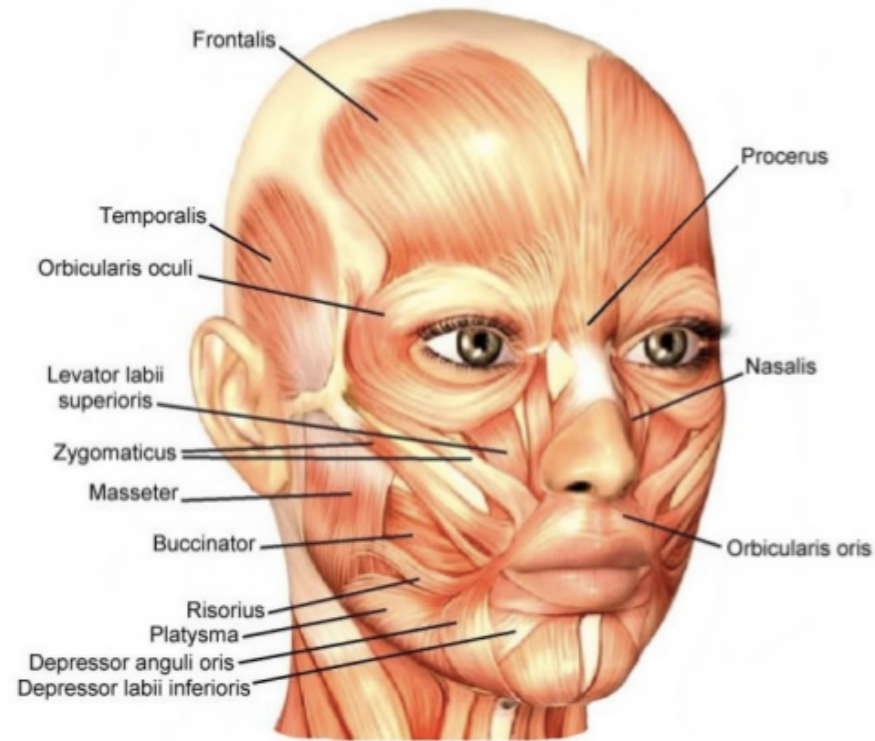
If tension has moved into the neck shoulders, they in an anxious posture that will reinforce the anxiety response. Offer to adjust the headrest so you can help them relax this area.

Study these diagrams to reprogram your awareness of the facial muscles so you can use them for instant, reliable feedback.



# Developing Patient Empathy

## Muscular Tension as Instant Feedback



Facial muscles (anterior view)

Facial muscles (lateral view)

Movement	Target	Target motion direction	Prime mover	Origin	Insertion
<b>Brow</b>					
Furrowing brow	Skin of scalp	Anterior	Occipito-frontalis, frontal belly	Epicranial aponeurosis	Underneath skin of forehead
Unfurrowing brow	Skin of scalp	Posterior	Occipito-frontalis, occipital belly	Occipital bone; mastoid process (temporal bone)	Epicranial aponeurosis
Lowering eyebrows (e.g., scowling, frowning)	Skin underneath eyebrows	Inferior	Corrugator supercilii	Frontal bone	Skin underneath eyebrow
<b>Nose</b>					
Flaring nostrils	Nasal cartilage (pushes nostrils open when cartilage is compressed)	Inferior compression; posterior compression	Nasalis	Maxilla	Nasal bone

<b>Mouth</b>					
Raising upper lip	Upper lip	Elevation	Levator labii superioris	Maxilla	Underneath skin at corners of the mouth; orbicularis oris
Lowering lower lip	Lower lip	Depression	Depressor labii inferioris	Mandible	Underneath skin of lower lip
Opening mouth and sliding lower jaw left and right	Lower jaw	Depression, lateral	Depressor angulus oris	Mandible	Underneath skin at corners of mouth
Smiling	Corners of mouth	Lateral elevation	Zygomaticus major	Zygomatic bone	Underneath skin at corners of mouth (dimple area); orbicularis oris
Shaping of lips (as during speech)	Lips	Multiple	Orbicularis oris	Tissue surrounding lips	Underneath skin at corners of the mouth
Lateral movement of cheeks (e.g., sucking on a straw; also used to compress air in mouth while blowing)	Cheeks	Lateral	Buccinator	Maxilla, mandible; sphenoid bone (via pterygomandibular raphae)	Orbicularis oris
Pursing of lips by straightening them laterally	Corners of mouth	Lateral	Risorius	Fascia of parotid salivary gland	Underneath skin at corners of the mouth
Protrusion of lower lip (e.g., pouting expression)	Lower lip and skin of chin	Protraction	Mentalis	Mandible	Underneath skin of chin
Raising upper lip	Upper lip	Elevation	Levator labii superioris	Maxilla	Underneath skin at corners of the mouth; orbicularis oris