Communication and motivation

Active listening
Advice for using an interpreter
Factors influencing cooperation

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Communication

• "True to-way communication requires that the patient’s feedback is complete sentences, that either repeat the dentist’s explanations with the patients own words or elaborate on these. Only this will ensure that the patient has understood what the dentist says” (Birn, 1980)
Active listening, basic principles

- Listen and give the patient the opportunity to tell
- Pose open questions
- Use clarifying questions
- Scan thoroughly
- Use mirroring
- Use the nonverbal features
- Offer proposals

Listen and give the patient the opportunity to tell

- Don’t give advice or use yourself as an example. The patient does most of the talking and you listen
- Show that you are listening, for instance by looking at the patient, nodding, using "listening sounds" and smiling at appropriate times
Pose open questions

- Use open questions to explore and uncover
- “Why” tends to be confrontational and close conversation on the subject

  - "How do you experience..."
  - "Can you elaborate on ..."
  - "Can you tell me more about ..."
  - "When..."
  - "In what context..."

Use clarifying questions

- In relation to situations
  - "What happened exactly when ...
  - "How long did ...
  - "Where were you when ...

- In relation to concepts
  - "When you say ... what does that mean to you?"
  - “Does it mean that you were being ironic about ...“

- In relation to emotions
  - "When you say it hurt, can you describe the pain?"
  - "You said you were ... what does that mean to you?"
Questions to clarify the problem

– How would you describe your problems?
– How do you understand that you specifically have this problem?
– Do you have any preliminary ideas on how to handle the problem?
– What are your thoughts on your problem now?
– Which courses of action do you see now?

Scan thoroughly

• You can use the essential or last part of a sentence to get the patient to elaborate

• P: "I'm afraid of dentists"
• D: “Of dentists?”
• P: "Yes, especially their drills ... which might strike my cheek by accident”
• D: "Do not worry, that doesn’t happen”

• P: "It's hard to brush my teeth in the evening"
  D: “Hard?”
  P: "Yes, it’s difficult to completely clean my teeth, especially when I’m too tired"
Use mirroring

• Mirroring is to give back what you see, hear and sense without making judgments or evaluating

• Mirroring ensures and shows that you have understood what has been said
• Mirroring helps the patient to relate to him or herself and learn more about his or her own expressions, emotions and experiences
• Mirroring shows the patient that you listen and recognize his or her experiences (empathy)

Verbal mirroring

• Rephrasing of what is considered to be of significance
  – "Are you saying that ..."
  – “Am I correct that ..."
  – "What I hear you saying is that...
• Summing up what the patient has said
  – “What you have said so far is that ..."
  – “From what you have said I understand that ..."
Nonverbal mirroring

• Function as a mirror by repeating the patient’s behavioral expressions
• Often happens automatically and comes naturally for us, for instance when interacting with infants

Cross-modal mirroring

• Reproduction of the patient's expressions using another form of communication

• Nonverbal mirroring of a verbal expression
  P: "I spend a lot of energy brushing. It is quite tedious"
  D: Sighs and lowers his shoulders

• Verbal mirroring of nonverbal expressions
  D: "I notice that you are becoming tense, I wonder if you might be nervous?"

• The method shows that you can see the reaction and that it is okay, but should be used with caution as it may have an amplifying effect. Use reassurances.
Empathic mirroring

- Use your model of the world as a mirror for the patient, but still focus on the patient’s experience
- Reflect on what you imagine; thoughts and feelings about what the patient tells you
- Reflect on what you sense and feel, e.g. fatigue, sadness or confusion

P: "I get so nervous and upset every time I have to go to the dentist"  
D: "I imagine that it must be really hard for you"  
P: "Yeah, I spend a lot of energy on it. I get very tired"

Use the nonverbal features

- Nonverbal communication particularly expresses feelings experienced in connection with what is being talked about (Birn, 1980)

- The voice as an example
  - The anxious patient's voice often has a lack of timbre, poor modulation, slow pace, and a low pitch with long pauses (Friis-Hasche, 2004)
Nonverbal features related to how you present yourself

– High-status body language
  • Good balance. Feet hip width distance apart, the whole foot is in contact with the floor
  • Erect body
  • Calm head and eye movements
  • A large amount of air in the lungs
  • Powerful voice
  • The hands are moved calmly or rest on the hips

Nonverbal features related to how you present yourself, cont’d

– Low-status body language
  • Poor balance. Restlessness with the feet
  • Slumped body
  • Shortened, stiff and convulsive movements with the arms, head, and eyes
  • Limited amount of air in the lungs
  • Weak voice
  • The hands are moved around nervously
Offer proposals

• Proposals can be used to further advance the conversation by creating possible solutions
  – “What could you imagine ...?”
  – “Have you thought of anything related to ...?”
  – “How do you think that ...?”
  – “Could you imagine that ...?”
  – “As I remember it, you have established the following three solutions ...?”
  – “Do you want to hear my suggestions?”

• Movement from being non-directive to more directive

The setting

• Create tranquility, an "open" mood and concentration

• A different room from the clinic is preferable, but otherwise make sure that:
  • The chair is raised
  • You talk calmly to the patient at eye level
  • You don’t turn your back to the patient
  • You’re not preparing instruments
  • You’re not wearing a mask
  • Instruments associated with discomfort aren’t part of the patient’s line of sight
  • The patient doesn’t get the light from the operation lamp in the eyes
  • Unnecessary interruptions are avoided (dental assistant, cell phone, etc.)
  • The clinic room is bright and cozy (Birn, 1980)
Finally

• Be aware that small things can play a role
  – Say the patient's name
  – Use the same attire from time to time
  – Give a firm handshake
  – Do not use too much perfume
  – Offer something tasty
  – The dental coat can be anxiety provoking or comforting depending on the patient

Advice for using an interpreter

• Control the conversation’s frames and course in a clear manner. The interpreter must not dominate. If the interpreter takes control it's difficult to take it back
• Try to limit views. Avoid involving the interpreter in your professional judgment and decisions. Be careful about accepting the interpreter’s assessment of what you should decide
• Address the patient. Keep eye contact, speak directly to the patient in "you-and-I", and try to get him or her to respond to you in the same way. However, ensure that the conversation’s formal form doesn’t overshadow the content
Advice for using an interpreter, cont’d

• You can help the interpreter to interpret everything you and the patient have said by instructing the patient in use of an interpreter interpreted everything that you and the patient has said, by instructing the patient in need of interpreter

• Talk in a simple, clear language in short sequences so the interpreter can keep up. If what you say is unclear, what is interpreted will be even more unclear

• Be careful about using humor, slang, clichés and specialist terminology. Be even more careful about using irony

Advice for using an interpreter, cont’d

• Let the interpreter translate everything that you have said even though you discover that the patient misunderstands it during an interpretation

• Be aware of possible misunderstandings. Rephrase your sentence if you suspect that your message is not understood. Double check to make sure the patient understands what has been said => true two-way communication
Motivation

• Critical factors influencing cooperation
• Is it all about motivation?
• Intrinsic and extrinsic motivation

Maslow’s pyramid of motivation

• Age
• Shortage/growth
Factors influencing cooperation

Table 1. Critical Factors for Adolescent Cooperation in Orthodontic Treatment (Albino 2000 Semin Ortho)

<table>
<thead>
<tr>
<th></th>
<th>Pre-Treatment</th>
<th>Early In Treatment</th>
<th>Throughout Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child</strong></td>
<td>Perceives functional/esthetic impairment</td>
<td>Develops realistic expectations</td>
<td>Assumes control of behaviors related to effects/outcomes of treatment</td>
</tr>
<tr>
<td></td>
<td>Perceives need for treatment</td>
<td>Learns coping/control strategies</td>
<td>Shares responsibility for treatment outcomes</td>
</tr>
<tr>
<td></td>
<td>Desires treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Parent</strong></td>
<td>Perceives need for treatment</td>
<td>Enables treatment</td>
<td>Supports and approves child’s active participation and responsibility in treatment</td>
</tr>
<tr>
<td></td>
<td>Believes in efficacy of treatment</td>
<td>Takes interest in treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Places high value on occlusion/treatment</td>
<td>Encourages home care</td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontist</strong></td>
<td>Professionally evaluates treatment need</td>
<td>Engages parent and patient in goals, expectations</td>
<td>Develops partnership with patient</td>
</tr>
<tr>
<td></td>
<td>Seeks to understand patient and parent perceptions</td>
<td>Acknowledges patient and parent perceptions</td>
<td>Shares responsibility with patient for progress, setbacks, outcomes of treatment</td>
</tr>
<tr>
<td></td>
<td>Communicates goals, expectations, potential problems in treatment</td>
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Erikson’s psychosocial theory

<table>
<thead>
<tr>
<th>Period</th>
<th>Stage conflict</th>
<th>Balanced outcome</th>
<th>Motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-11</td>
<td>Industry vs. inferiority</td>
<td>Competence</td>
<td>Children at this stage focus on social and academic skills and compare themselves with their peers. This includes comparisons of sports, friends, and appearance</td>
</tr>
<tr>
<td>11-18</td>
<td>Identity vs. identity confusion</td>
<td>Loyalty/reliability</td>
<td>Focus is on establishing an identity and a self-concept that is unique to the child</td>
</tr>
</tbody>
</table>

- Around age 4 children begin to compare themselves to each other
- In this sense the correction of malocclusion takes on dramatic psychological and social significance, enhancing the child’s quality of life
- It is critical to recognize the value of such motives in the family’s decision-making and to help them understand the limits of treatment outcomes

(Ryan & Deci, 2000; Kiyak, 2006)

Life quality

- A sense of well-being that stems from satisfaction or dissatisfaction with areas of life that are important to the individual
- Examining each patient’s perceptions and expectations is of importance
- There is a consistent pattern of expecting greater improvement in esthetics and social acceptance than in oral function among both children and their parents

(Kiyak, 2008)
Is it all about motivation?

• Lack of competence
  – Patient does not know how to perform the desired behavior
  – Focus: Dental professional advice and guidance to support the patient in learning the necessary strategies needed to perform the desired behavior (ex. eating habits, pain management, use of dental floss or special brush) cf. Vygotsky

• Lack of motivation
  – The patient knows what should be done and how, but does not do it anyway
  – Focus: A conversation about the patients motivation

Self-Determination Theory

• Intrinsic motivation
  – The aim is the activity in itself, i.e. the child wanting to initiate orthodontic treatment as much as the parents
  – Engaging in the act on the basis of intrinsic satisfaction and interest in the activity alone. Seeking new challenges to expand and practice one’s abilities, experience and learn
  – Maintained and created with the experience of autonomy, competence, sense of belonging and being connected with others
  – A → A

(Ryan and Deci, 2000)
Self-Determination Theory

- Extrinsic motivation
  - The aim is to obtain an external goal from the activity (obtain reward or avoid punishment), i.e. the child wanting the favor of the parents
  - Maintained with reward and punishment
  - A → B

(Ryan & Deci, 2000)

Internal vs. external motivation

- Internal motivation is an innate ability to seek challenges and news - children's innate desire to explore the world cf. Piaget

- Extrinsic motivation increases with age. It is highly influenced by others’ values and adjustments of behavior that have been internalized

- Parents are the one most powerful single factor in motivation for treatment

(Hamdon, 2004)
Internal vs. external motivation

• Studies show that internally motivated people experience more interest, enthusiasm and confidence which leads to increased effort, performance and persistence compared to externally motivated people

(Ryan & Deci, 2000)

Facilitating factors for the internalization of extrinsic motivation

• The experience of autonomy
  – The feeling of being able to take decisions and act on one’s own behalf. Support for autonomy allows the patient to actively internalize the values so that they become his or her own
  
  – “The greater the effort the professional - and not the patient – is making to accelerate a change, the less chance that it succeeds” (Moore, 1994)

• The experience of competence
  – The feeling of efficiency and competence during an activity
Facilitating factors for the internalization of extrinsic motivation

• The feeling of belonging and being socially connected with others
  – To feel socially and confidently related to and cared for by surrounding supportive people
  
  – "If the patient experiences his dentist as a fellow human being it is harder to break contracts with him" (Elsass, 2004)

Examples of questions to clarify motivations

• What is your reason for orthodontic treatment?
  – Why do you think your dentist has sent you?"
  – "What do you think he hopes will come out of it"?
  – "Can you follow his reasons and wishes for you"?
  – "If it turns out that there is any truth in his concerns what would that mean for your life?" – intrinsic motivation

• What are the disadvantages of wearing braces
  – What makes you willing to live with them for a whole year?
  – How can they be tackled?
  – Do you know someone who has had his or her teeth corrected?
  – How did he or she handle it?

• What are you looking forward to the most?