

# The Psychology of Patient Thinking

Noel Kelsch RDHAP, RDH, RDHAP, [N.kelsch@sbcglobal.net](mailto:N.kelsch@sbcglobal.net)

## Objectives: After taking this course the attendee will be able to:

1. Recognize learning styles and psychological needs of patients
2. Incorporate integrative medicine into their treatment plan
3. Identify additional adjunct tools for communication and motivation
4. Utilize strategies to help motivate patients own their disease and maintain health

## Wellness Model vs Medical Model:

- Determine the cause
- Treat the cause
- Assess the treatment success or failure
- Evaluate need for additional therapy
- Healing and Stabilization
- Maintain Wellness

## Change Agent:

- Someone who engages either deliberately or whose behavior results in social, cultural or behavioral change in other people. Havelock & Zlotolow, 1995
- Can be negative or positive

## Five Characteristics of a Change Agent:

1. *Clear Vision –*
2. *Patient yet persistent – . Every step forward is a step closer to a goal; change agents just help to make sure that people are moving ahead.*
3. *Asks tough questions –. [Keep asking questions to help people think, don't alleviate that by telling them what to do.](#)*
4. *Knowledgeable and leads by example –*
5. *Strong relationships built on trust –*

## Learning Styles:

Visual:

Auditory:

Kinesthetic:

## Learning Principles:

- With out readiness learning may be ineffective or even harmful.
- Without motivation, there will be no learning. Remember basic needs and wants.
- Learners progress only as far as they need to achieve their purposes.
- There is greater involvement in learning, when the learner is involved in selection and planning of the project.
- People learn by doing.
- Best transfer is to learn a subject in the way it is used.

## Assessment and Diagnosis:

- Collect data identifying patient needs
- Involve patient in the assessment process
- Let them see what you are seeing
- Allow them to “own their disease”
- Diagnosis and co-diagnosis

## Owning Disease: Self-Direction or Autonomy

For a patient to be successful in learning how to manage their disease, they first need to understand that it is *their* disease.

### **Transtheoretical Model of Change:**

Pre-contemplation:

Contemplation:

Preparation:

Action:

Maintenance or Relapse

### **Professional Responsibility:**

“Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.”

### **Planning:**

The establishment of realistic goals and the selection of dental hygiene interventions that can move the patient closer to optimal health

WE CANNOT SET SOMEONE ELSE'S GOALS THAT IS DICTATORSHIP

### **Motivational Interviewing:**

1. Open Questions
  2. Affirmation
  3. Reflection
  4. Summary
- Identify and mobilize the patient's internal values and goals to stimulate behavior modification
  - Assist patient in articulating their own ambivalence / resistance to change
  - Direct persuasion is ineffective and may actually diminish the probability of change.

### **Integrated Medicine:**

Practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing. Working as a whole team, not leaving out possibilities.

**Projective Identification: Each patient that arrives in an office comes with someone sitting in his or her lap...**

### **Post Traumatic Stress Syndrome:**

- The most common psychological reason people avoid dental treatment
- Affects 27% of patients (2007 study states 41%!)
- Patients age
- Patients memory or subconscious
- Starting fresh
- Ask about experience

### **Patient Reactions:**

- Crossed arms
- Missed appointment
- Demands
- Tensed face
- Verbal cues
- Emotional
- Age level

### **Helpful things:**

- Stop Signals
- Patients breathing
- Calming the patient
- Blanket or object to hold
- Control over saliva ejector
- Choice in sitting or lying
- Praising patient for any success

### **Abuse and Neglect:**

Training: [http://cdfoundation.org/programs\\_dpav.htm](http://cdfoundation.org/programs_dpav.htm)

## **RADAR**

**R** = RECOGNIZE SIGNS AND SYMPTOMS OF ABUSE/  
NEGLECT, ROUTINELY SCREEN

**A** = ASK DIRECT, NON-JUDGMENTAL QUESTIONS  
WITH COMPASSION

“Please tell me about \_\_\_\_\_ (injury)”

“Have you been hit, kicked, punched, or otherwise hurt  
by someone within the past year? If so, by whom?”

“Do you feel safe in your current relationship?”

“Does a partner from a previous relationship make  
you feel unsafe now?”

**D** = DOCUMENT YOUR FINDINGS

The dental chart is a legal document

**A** = ASSESS PATIENT SAFETY

Is there a weapon involved? Is patient in immediate danger?

**R** = REVIEW, REFER, REPORT

## **Resources and References:**

**211**

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