MANAGEMENT & MARKETING

(Editor's Note: This quarterly JCO column is compiled by Contributing Editor Robert Haeger. Every three months, Dr. Haeger presents a successful approach or strategy for a particular aspect of practice management. Your suggestions for future topics or authors are welcome.)

Orthodontic treatment can be beneficial to children as young as 5 years old. The orthodontist might need to decide when to cement a thumb crib, for example, or place a maxillary retainer. In the one case, the parents may be concerned about the social and orthodontic ramifications of thumb-sucking; in the other, there may be a lingually positioned upper central incisor that, if left untreated, could lead to labial recession on the lower incisors. In either scenario, significant patient cooperation is critical to the success of treatment.

Achieving that cooperation, however, can prove problematic. In the following article, Dr. Diane Milberg, with the help of Dr. Barbara Lounsbury, a pediatric developmental behavioral health specialist, presents a solid approach to the specific demands of communicating with children and adolescents. I look forward to implementing their strategies in my own practice to reduce stress, improve treatment efficiency, and develop strong long-term relationships with patients of all ages.

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Communicating with Young Patients: Look, Listen, Learn, and Lead

Outstanding credentials, technique, and talent may help build a stellar professional reputation, but they don't guarantee good results for every patient. The key is compliance, which requires an ongoing dialogue with the patient based on mutual trust and rapport. Age-appropriate communication skills are essential to achieving cooperation and a good outcome with any patient. And when patients do well, so do their doctors. An orthodontist known for good treatment results and happy patients will enjoy practice growth and high rates of parent-to-parent referrals.

There are vast differences in cognitive development among young children, preadolescents, teen-agers, and adults, and the orthodontist must be aware of these differences. Effective communication is needed, for example, to clarify the reason for an initial visit, to determine whether the patient is ready to interact with the orthodontist and staff, and to decide on the appropriate treatment approach. Before leading, you need to look, listen, and learn.

Young Children

When treating children age 5 to 8, it is essential to direct all your attention to that little person in the big chair. Let me introduce Elisabeth. She just turned 6. She likes to be called Beth, and remembering to use her nickname shows that you respect her preferences. What is Beth thinking and feeling while sitting in your dental chair?

Fig. 1 Andrew stopped sucking his thumb after two months of using a hand puppet while watching television and when going to sleep at night.

Fig. 2 Charlotte stopped sucking her thumb after wearing a hand puppet at night, using a calendar to track her progress.

Typically, children in this age group like to show off what they know. They don't like to be criticized or blamed. They're ready to fight back if they feel slighted or mistreated. A trip to the orthodontist may arouse fear, which can be overt or masked by a show of high confidence, even haughtiness.

The patient's first visit will imprint memories and impressions that will affect her behavior during all future visits. Allow extra time for the child in this age group. Observe her, and she will teach you. Greet her and introduce yourself. Ask, "What is your name? Why are you here today? What do you like to do for fun?" Inquire about her interests, pets, and hobbies. Ask whether her friends or siblings go to an orthodontist. Carefully explain what you do and how you can help her. Avoid negatives, but be truthful about the procedure. Descriptions must be much more explicit than with older patients.

Look at her body language. Listen to her questions and complaints. Get down to her eye level when you speak. Ask open-ended questions that invite her to answer in phrases, rather than with "yes" or "no" responses. Ask her if she likes the way her teeth look, and if she brushes her teeth every day. Does her mother or father have to remind her to brush?

Use light banter to put her at ease. Six-year-olds like to count. Ask Beth, "Do you know how many teeth are in your mouth?" You might elicit laughter if you ask, "Do you think you have 92 teeth?" Give her a hand mirror so she can count her teeth with you. Ask if she knows which teeth are baby teeth. Offer a compliment. Use plain, straightforward language, and show courtesy and respect by saying, "Thank you for opening your mouth", or, "Thank you for letting me look at your teeth". Wait until she is comfortable before beginning the examination.

Engross her with play. Gain her confidence with an attitude of give and take. Ask her if any of her friends has a retainer. Does she know what a retainer looks like? Give her some retainers to look at, and let her hold them so they become more familiar.

Many young children visit the orthodontist because of thumb- or fingersucking habits. When discussing a thumbsucking habit with a young child, you can ease any feelings of guilt by assigning responsibility for the behavior to the thumb. Asking, "When does your thumb like to go into your mouth?" instead of, "When do you suck your thumb?" will deflect the attention away from her and toward the thumb. Simply telling Beth that every child who has come to your office has stopped sucking her thumb will instill confidence that she can also achieve this goal. "Beth, do you suck your thumb at school?" is a good question. Most school-age children do not suck their thumbs in class for fear of being teased. If this applies, then

tell Beth she has already started to quit her habit, because her thumb does not go into her mouth at school. Finding a positive behavior can help Beth gain confidence in her abilities.

A simple glove puppet is an excellent tool for a child who is unaware of putting the thumb in the mouth. In our office, we offer the child a choice of different animal puppets to take home. The child selects a specific time each day to wear the puppet to prevent thumbsucking, such as while watching television (Fig. 1). The puppet can be worn at night as well. We ask the child to keep track of her progress with a calendar and to bring it to a follow-up visit in two or three weeks (Fig. 2). When the child returns, we praise any effort that has been made and reward her with a coupon for ice cream or the movies (Fig. 3).

Children may also visit an orthodontist at a young age because of crowding problems, functional shifts, or severe Class II or Class III malocclusions. Again, it is essential to look, listen, and learn before leading the child into the appropriate treatment. Although it may be obvious to the orthodontist and staff why a child needs early orthodontic intervention, it may not be so obvious to the child and the parent. Taking time at the initial appointment to determine whether the patient will be able to comply with the prescribed treatment is essential to a successful outcome.

How do you find out if a child can take care of a removable expander? Asking simple questions can reveal crucial information: "Beth, what does it mean to be careful with something? Do you remember to bring your homework to school each day?" Finding out about a child's level of responsibility can help determine whether a removable or fixed appliance is indicated to achieve the necessary expansion.

Explaining to the patient and parent why it is important to correct the orthodontic problem will also help achieve compliance. Using metaphors and humor to explain developing malocclusions and arch-length deficiencies will help the child become an active participant in treatment—as long as the expressions are age-appropriate and easily understood by the child. Metaphors such as "standing in line" for recess or to buy a ticket at the movies help

Fig. 3 Danya stopped sucking her thumb by using a hand puppet and calendar. Her parents took her to a "Build-a-Bear" workshop as a reward.

the child visualize how the teeth should be aligned. Jokes such as "knock-knock, let me in!" with the teeth asking each other to "move over" and make room help the child understand the goals. Young children attach human qualities to objects, so they can easily accept the concept of "talking teeth", even though it may sound ridiculous to an adult.

With young patients as well as older ones, racing metaphors can help explain the need for functional appliances and extraoral forces: "Your upper jaw is in first place, and your lower jaw is in third place. To correct your bite, we want your lower jaw to catch up with your upper jaw." In many cases, a team sports analogy will help the patient understand his role in the success of the treatment: "Do you play soccer? Well, how would your team win a game if one player kept the ball and never passed it to other people? Would you win the game?"

After treatment is completed, help the child develop appropriate habits and routines to avoid los-

Fig. 4 Alora and Hannah both wear removable expanders. They are good friends and help each other take care of their appliances at school.

ing a retainer or other removable appliance. Because school-age children often worry about losing retainers during their lunch periods, they should be assisted in planning appropriate lunchtime routines (Fig. 4).

Preadolescent Children

Preadolescents are often excited to visit the orthodontic office. Many of their friends already have orthodontic appliances, so they want to fit in. These patients are already sold on the idea of orthodontic treatment. On the other hand, patients who think that braces will hurt or look ugly are more difficult to motivate, and enlisting their cooperation can be a challenge. Showing them before-and-after photographs and models can help them visualize the results. Explaining the advantages of starting treatment at their age—such as creating space for the eruption of permanent teeth instead of waiting until the teeth erupt into crowded positions—can help them see the value of orthodontic treatment.

Teen-Age Patients

Treating teen-agers can be especially difficult. Many patients in this age group do not feel comfortable talking to adults. They may resist input from their parents; their peer group is often their greatest influence. Active listening is essential to establishing a relationship with a teen-age patient. Taking the time to interact can make the orthodontic experience successful for everyone involved. A key factor is helping the patient understand the value of orthodontic treatment as an investment in future dental health as well as a means of esthetic improvement.

Many adolescent patients roll their eyes when they learn that orthodontic treatment requires about two years, which to them sounds like “forever”. Saying, “Your orthodontic treatment will be completed by 10th grade”, is better than stating the actual duration of treatment. Like most patients, adolescents respond well to authentic praise for good oral hygiene and other aspects of cooperation. Demonstrating the progress made at every stage will help maintain the motivation needed to complete treatment. When problems occur, it is important to discuss solutions with the patient. Statements such as, “We want you to succeed and complete your treatment on time”, can help overcome barriers to open communication.

Discussion

With patients in every age group, previous experiences in medical or dental offices will color their view of the orthodontic experience. Pay close attention to facial expressions and body language, which will often reveal what patients fear. Even an adult patient can seem to revert to a younger age, when a frightening experience occurred in a dental office. In addition, it is important to remember

that patients can be embarrassed by the condition of their teeth. Showing empathy and concern will ease their discomfort.

Continue the two-way communication throughout orthodontic treatment. Find something that the patient does well, and comment on this good behavior. When a patient brushes well, tell her. Using "I" phrases such as, "I see that your teeth are very clean", is especially effective. With patients who have a difficult time cleaning their teeth, find one area that has been brushed well, and comment on the clean teeth: "Look at your front teeth. They are so clean. Good job. Do you notice the teeth that are not as clean as these?"

You don't need a doctorate in child psychology to build an authentic personal relationship. Investing extra time, effort, and attention during the initial visit will pay dividends later on. The "look, listen, and learn" maxim should be used to accumulate the information on which to base your evaluation: your patient's goals, her motivation, her "dental IQ", and the level of responsibility she is willing to assume.

Then you have to lead. You cannot push or drag a patient of any age through treatment. You may decide that no treatment, or delayed treatment, is best. In any case, your professional leadership is based on a keen appraisal of the patient's potential for compliance. With patients of all ages, the technical aspect of orthodontic treatment is the easy part of the job. The challenge lies in achieving cooperation, which begins when you launch a relationship in a spirit of collaboration.

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