

# Connecting with Patients with Nonverbal or Limited Communication Skills

## HOST

**Dr. Chantal Czerednikow**

Dentist in Montreal and member of the Canadian Society for Disability and Oral Health

## PANEL

**Carroll & Brian Sturgeon**

Parents of **Melanie** (45), a woman with a developmental disability

**Dr. Dave Tesini**

Creator of the *D-Termined* program, which was developed to help oral health professionals interact with people on the autism spectrum in a dental setting.

**Dr. Don Morrow**

Expert in Motivational Interviewing

**Tell us a little about your experience with Melanie in the dental care setting.**

CAROLL & BRIAN

- We have looked at four areas of communication as it relates to achieving a successful experience when visiting the dental office:
  1. Waiting room – sitting in a waiting room requires a controlled patience from Melanie, which is not always possible. We are always hopeful that the waiting time will not be long.
  2. Crying babies – if there are any crying babies in the waiting area or the treatment area, Melanie cannot tolerate it as she thinks somebody is getting hurt. If this happens we usually have to leave and may lose the appointment.
  3. Body language – The receptionist sets the tone for how the whole experience at the dental office will be. Addressing Melanie before addressing her caregiver is important. Nice, normal, friendly conversational tone. Eye contact is important. The Dentist comes out to the reception area himself to greet Melanie. This kind of gesture and body language speaks volumes. He greets Melanie by name, then he greets us,

her parents/caregivers. A relaxed, soothing approach. He never makes it feel rushed.

4. Redirection – This is often done by the hygienist who will see Melanie before the dentist. Redirects Melanie’s attention from what might be going on by engaging her in things she enjoys, like singing or counting.
- Something that people have difficulty understanding with Melanie is that when you speak to her, it takes her time to process what you have said. As a result, people often don’t give her the opportunity to respond.

**In relation to Melanie’s story, what kind of things are you hearing that highlight how Motivational Interviewing can be used.**

**Can you explain some concepts of Motivational Interviewing that oral health professionals can use?**

DR. DON MORROW

- I often think motivational interviewing is misnamed. It ought to be called motivational *listening*. Because the key to good communication is actually hearing people.
- Motivational Interviewing is less of a skill than a process, or a way of being in a communication relationship.
- It’s about arranging conversations so that people can talk themselves into change based on their own values and interests.
- It’s about holding people naturally creative, resourceful and whole.
- If you can convey this with your body language and how you address patients and caregivers then you are 90% of the way there.
- Most motivational interviewing questions begin with the word “what”, rather than why or how.
- The idea behind this is to meet people where *they* are at, and to speak to them with appropriate language. Ask them what’s important to them.
- One of the key skills in Motivational Interviewing is to see people in terms of how they *be*, not who they are or what they do. Acknowledge them for what you see as being important to them.

**What are your thoughts and in what way does the “D-terminated” program help connect with patients?**

DR. DAVE TESINI

- The secret is to get into their world and appreciate the perspective they’re coming from – the “Autism Perspective”.
- This is what formed the basis for developing the “D-terminated” program.

D-Terminated Program of Familiarization and Repetitive Tasking is a behaviour management approach:

- **Divide** the skill
- **Demonstrate** the skill
- **Drill** the skill
- **Delight** the learner
- **Delegate** the repetition

**REPETITIVE TASKING IS THE IMPORTANT PART**

- There are three repetition factors which are the keys to success. You must repeat these verbal commands over and over when you use the D-Terminated program.
  1. Eye Contact – “look at me...look at me”
  2. Positional Modeling – “feet out straight, hands on your tummy”
  3. Counting Framework – “1..2..3..4..5..6..7..8..9..10”
- Parents are critical in working with these three factors in between visits.

**Can you talk a little bit more about arranging conversations to engage the parent or the caregiver when the patient is non-communicative? How can you elicit more from the caregiver?**

DON MORROW

- It is important to acknowledge the caregiver – acknowledge that it is a challenge for them to be there.
- One of the big skills of communicating is to not make assumptions. Sometimes it is the assumptions we make that can be most disservice.

- “Resistance” in a patient or care giver is more about the interviewer than it is the patient or client. The resistance is: “they’re not doing what I want, therefore there must be something wrong”.
- If the patient is non-communicative, it’s likely they are not comfortable. We can do different things to engage, such as wear different color crocs on each foot etc. This type of gesture speaks volumes and lets the patient know that you’re there to engage with them.
- It is not so much about a set of techniques around non-communication, it is about recognizing what is going on and to *be* with the person. Whatever is happening in the room is okay. The communication will come, it’s more about whether *you* can demonstrate that you are comfortable to be there.

**Do you have some examples of questions a dentist wanting to use Motivational Interviewing could start with?**

- Any question that starts with *what?* can be a great question
- Most questions come down to: *what’s important to you about your oral healthcare?*
- What goals do you have for your oral healthcare?
- What kind of support can we give you?
- What was important to you about what we did today?
- What was successful?
- What wasn’t successful?
- What was worthwhile about your visit today?
- Don’t make assumptions

**Are there certain things we should not do when engaging with non-communicative patients and their families?**

CAROLL & BRIAN

- There is nothing complicated about it other than a direct friendly approach.
- Be honest.
- Look them in the eye and tell them you’re glad they are there and that you are looking forward to helping them.
- From a parent’s perspective, what’s important is how you address the patient.

## DAVE TESINI

- To answer that question, I recommend reading *Animals in Translation*, by Temple Grandin and Catherine Johnson. It will get you into the world of someone with Autism Spectrum Disorder and open your insight into what they see and what they hear.
- It is so difficult for the parents. They are going to ask you to put the patient in the operating room and just get it done. And it is easy to say yes. But this rut of operating room/general anesthesia can be very difficult to get out of.
- It is important to not give in to that and to try to avoid getting into a rut from the beginning of the relationship.

## DON MORROW

- Getting out of your own way is one way to avoid *what not to do*.
- Motivational Interviewing is not therapy.
- What we typically say is that you are moving from where a patient is at right now forward into change, rather than asking *what are the barriers?*
- If you can look them in the eye and meet them exactly where they are at, it is less about what *not to do* than it is about conveying that you are genuinely interested in the larger context of their oral healthcare, not just today's appointment. Not to fix them, but to be with them while you care with them.

**Given the changes in what we as dentists must wear because of COVID, do you foresee any ways we can overcome that barrier to connect with patients?**

## CAROLL AND BRIAN

- Melanie's world works best when things are normal and there is some repetition to it. If she sees something out of the ordinary, it might unsettle her a little bit.
- I think greeting her first without PPE would be a good approach.
- As far as the mask goes, I think it bothered her a little at the beginning. But she's had a couple of months now to get used to people around her wearing a mask.

**Does Melanie respond to social stories or pictures?**

- Melanie is best with oral stories. She picks up a lot from the tone of your voice.
- But individuals are very different. One size does not fit all.

- If your approach as the dentist is true and respectful and honest, the patient will pick that up.