



*A bi-monthly broadcast of interesting and helpful ideas in local clinical psychology to support your practice.*

### Editor's Message

Dear colleague,

The August Newsletter has a focus on Dental Anxiety. Each bimonthly newsletter includes (a) a summary of an article from the psychological literature of interest to GPs, (b) a serialised article on motivational techniques to help patients change their own health behaviours (c) an inspirational quote of the week and (d) an interview with a clinical psychologist.

Have a read and contact us for more information:

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### Literature Digest: The Role of the GP in Detecting and Managing Dental Anxiety

Dental anxiety is very common and often very serious. A 'phobia' of a dentist is more common than often perceived and a GP is more likely than a dentist to identify it and intervene. This is due to the obvious role of avoidance of dentists. Furthermore, most people with a dental phobia are ashamed of it and under-report (unless asked directly).

**The cost:** Poor dental hygiene is associated with many poor medical outcomes, including compromised nutrition, TMJ dysfunction, weight management, pain, cardiac health and even longevity. Psychological costs include concern about aesthetics of losing teeth and lower self-esteem. By the time they do see a dentist, the dental condition often requires urgent and major interventions, the treatment of which deepens their dental anxiety in a self-perpetuating cycle.

**Incidence:** As many as 40% of people say they are troubled by anxiety about the dentist. About 1 in 20 (in both Canadian and Australian community samples) have anxiety to the degree that it causes significant interference with health.

**What do people fear?** Various studies have found that specific fears alter with age and gender. The most common fears are of needles and of painful or uncomfortable procedures. Many people with a phobia have had a painful, injurious or abusive experience at a dentist. Those people with a pre-existing panic disorder, agoraphobia or

claustrophobia report that thinking of the dentist triggers their fear.

**Screening and Identification:** A patient will disclose more honestly when fears are normalised and validated, such as with statements like "many people delay the dentist because of major fears". Simple questions will suffice, such as "do you get very nervous when thinking about a dentist?" and "Do you try to delay the dentist because of fears?" If your practice wants to use a screening device, you can download one from <http://www.bastenpsychology.com.au/resources/> in the section of tools for GPs.

**Management:** For more severe phobias, sedation is a very effective option and is highly accepted by anxious patients. Some dentists also tailor their treatments for anxious patients (e.g. offer visits to sit in the chair with no oral examination so that desensitisation can occur, or watching videos with information and reassurance). CBT is known to be an effective treatment.

A tip sheet is available on our Resources page of the website: <http://www.bastenpsychology.com.au/resources/>

Armfield JM. (2010). The extent and nature of dental fear and phobia in Australia. *Aust Dent J*. Dec;55(4):368-77.

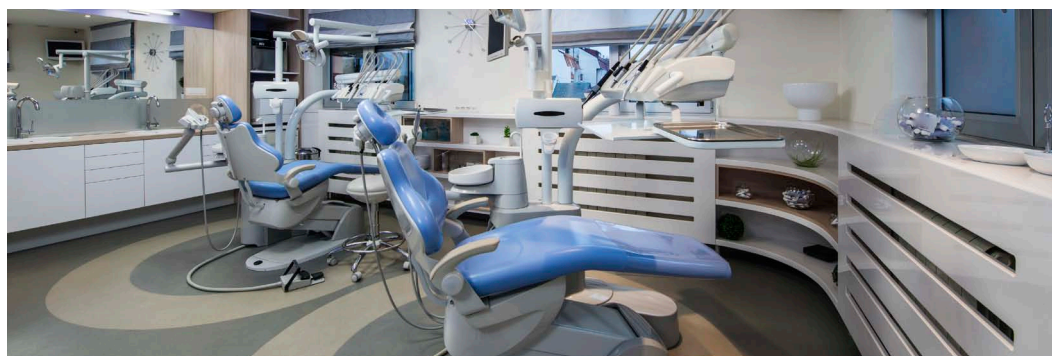
Humphris G, King K. (2011). The prevalence of dental anxiety across previous distressing experiences. *J Anxiety Disord*. 25(2):232-6.

Corah NL. (1988). Dental anxiety. Assessment, reduction and increasing patient satisfaction. *Dent Clin North Am.*, 32(4):779-90.

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**“He who has a *why* to live for, can bear with almost any *how*.”**

– Friedrich Nietzsche

## Basten & Associates

Basten and Associates is a practice of clinical psychologists devoted to enhancing mental health in our community.

We have been providing psychological treatments since 1998 and have three locations in Sydney – Sydney CBD, Chatswood and Westmead.

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1. We are all clinical psychologists with post-graduate clinical training.
2. We have enough specialists for different conditions, so you will find the right psychologist to work with your patients.
3. Our clinicians are committed to staying up to date with research into the causes and treatments of common conditions.
4. We only use treatments that have a known basis of evidence showing them to be effective and then adapt and tailor these treatments to each individual after a thorough assessment.

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## Series on Motivating Patients

**Motivating patients to change their behaviour.**

### Part 5: Using ‘Motivational Interviewing’

As health professionals, we try to help people improve their health and yet it can be hard to motivate patients to do potentially helpful treatments or lifestyle changes. This is a serialised account of numerous strategies to increase motivation for change in our patients. In every section, two assumed ‘cases’ are used for illustration.

“Rob” is 48 and has Type 2 diabetes. He is over-weight. He does not always test his BSLs reliably; he has not yet lost any weight, as recommended; and he can’t recall what he has for lunch or dinner when asked. His BSL range is 3 to 17. He has stated that he is too busy with his own book-keeping business to attend courses or hospital clinics on diabetes education.

“Karen” is 60 and has chronic obstructive pulmonary disease. Her adult son is often in trouble, needing her help with money, accommodation and baby-sitting for his children when he has custody but he can’t meet their needs due to his chaotic lifestyle. She gets frequent chest infections (for which she requests antibiotics) and keeps relapsing into cigarette smoking because that is the only way she feels she can deal with all her stress.

### Using Motivational Interviewing Part B: Developing the discrepancy between values and actual behaviour.

As has been described in the last newsletter, Motivational Interviewing is an approach that can be used when your usual efforts do not work or the patient seems ‘stuck’. The general themes are to proceed slower, never judge, and (as per last newsletter) start by empathising why they are struggling to make the recommended changes (let them know that you accept that it is hard).

One of the chief ways we all motivate ourselves is to think of the future and to think of what really matters to us. In motivational interviewing, we can get the patient to talk about their own reasons for taking on hard changes. We ask the right questions; they talk up their own motivation.

The main questions to ask about are (1) what their key values are – what is important to them and (2) what outcomes they would like in the future. Then, depending on what the patient says, start asking whether they feel that their health behaviours are in line with that important future. We can also ask them to name three health behaviours that would be in line with the valued future that they mentioned.

For Rob, you might start by exploring what he finds important about work. Remember, he puts work before exercise and before educating himself about diabetes. Listen carefully and draw out why he works so hard (maybe security, nice lifestyle, or to look after his family as well as he can). These are his values. Then you are ready to gently ask whether he thinks that his recent management of his BSLs is consistent with the way he wants future security, a good lifestyle or to be there for his family. Hopefully he will now nominate one or two things he might do differently to look after his diabetes.

With Karen, you already know that she values her roles as grandmother and mother. Ask questions about this to bring it up. Then ask if she sometimes feels that smoking might not feel consistent with being the grandmother that she wants to be. Keep it in the format of gentle, respectful questions to avoid the tone of a lecture. You could ask her to imagine a moment three or six months ahead when she has successfully quit smoking and reflect on how good that would feel. And how would it feel if she was still smoking at that time?

Convert any internal motivation into action with “the willingness question”, which usually sounds something like this: “So, given how you said you value being present for your family and feeling strong, what three health actions could you commit to in the next 14 days that you know you will do that would be consistent with that idea?”.

**Next article in October:**

**Part C of Motivational Interviewing – Rolling with Resistance**

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