

Dental Dynamics
When parent, child and dentist meet

Pressures influencing our providing care
Parents
Society
Economic & Third Party Issues
Patients
Self

Societal Trends Affecting Child Management
High expectations for healthcare
Places few limits on children
Has questioning trust in professionals
Tendency to sue

PARENTS
Want trouble-free treatment
Limit our management techniques
Have financial constraints

CHILD
May have had a "bad" experience in another dental office
Often does not understand the need for treatment

DENTIST
Has high expectations of his/her ability to treat all children
Has difficulty scheduling "special" patients
Often has "the buck stops here" attitude

Behavior management is a continuum of interaction with the child & parent directed toward communication and education in an effort to allay fear and anxiety and to promote understanding of not only the need for good dental health but also for the process by which it is achieved

Objectives of Behavior Management

- Effectively and efficiently perform treatment
- Instill a positive dental attitude in the child

But this doesn't always happen!

Factors affecting child behavior

- Child's development
- Innate personality traits
- Parents' child-rearing style
- Parental anxiety
- Prior hospitalizations/surgery
- Pain or emergency

Factors affecting child behavior

- Pre-appointment preparation
- Office environment
- Time & length of appointment
- Parent in treatment area
- Dentist/auxiliary behavior

How much of a "behavior problem" is caused by the dentist?

“Providing immediate direction and specific reinforcement are most consistently followed by a reduction in the child’s fear-related behaviors”

Weinstein et al, 1982

Objective Fears - based on child’s experience

Subjective Fears - suggested to child by others, child has not experienced

DENTAL FEARS are acquired not innate

Assist the child to manage her fear and anxiety at a level which is appropriate for each individual child and each situation

Common Childhood Fears

Abandonment
Strangers
Sudden Movements
Falling
Bright Lights
Unexplained Noises
Bodily Injury
The Unknown



Poor techniques for managing fear

- Ignoring the fear
- Forcing contact with feared object
- Shaming or Bribing
- Threats

Poor techniques for managing fear

- Dishonesty
- Parental Promises
- Pharmacological adjuncts

Better techniques for managing fear

- Reassurance
- Reinforcement
- Honesty
- Undivided attention

Better techniques for managing fear

- Distraction
- Examples
- Parental cooperation
- Pharmacological adjuncts

Tell - Show - Do

Tell - verbal explanations of procedures appropriate to the developmental level of the child

Show - demonstrations of visual, auditory, olfactory and tactile aspects of the procedure in a non-threatening setting

Do - completion of the procedure

Modeling

Having the child watch another child undergoing a similar procedure

Positive Reinforcement

Social Reinforcers - positive voice modulation, facial expression, verbal praise, appropriate physical demonstration of affection

Nonsocial Reinforcers - tokens, toys

Positive Reinforcement

Compliment the child for appropriate behavior

Be specific in describing the appropriate behavior

Communication

Getting your point across

Making yourself understood

Using expressions that mean the same thing to you as they do to the person with whom you are talking

Communication

Context or Surroundings

Communication

Nonverbal

Verbal

Nonverbal Communication

Physical contact

Facial expressions

Eyes

Posture

Nonverbal Communication

Children can sense your lack of confidence - you need to act confident even if you're not

The magic is not in the wand, but in the magician

Verbal Communication
Message
Words
Tone

Verbal Communication
Intended message
vs
Understood message

Verbal Communication
Speak at the child's level

Verbal Communication
Air blast wind
Alginate Pudding
Explorer Counter
Rubber Dam Raincoat

Verbal Communication
What you say is not as important as how you say it

Verbal Communication - voice control

40 3 - 7 year olds "potential behavior problems"
requiring restorative treatment
Randomly assigned to loud-voice or normal-
voice groups
VTs during treatment for later evaluation and
analysis
Child reported feelings prior to and after
treatment

Greenbaum et al, 1990

Verbal Communication Voice Control

1. Does voice control reduce children's disruptive behavior?
2. Is loudness a necessary component of voice control?
3. What effect does voice control have on children's self-reported affect following treatment?

Greenbaum et al, 1990

Verbal Communication Voice Control

At the appropriate time the dentist must use
SUDDEN FIRM LOUD commands

VC proved to be highly effective in reducing
children's disruptive behavior during dental
treatment

VC ... quickly reduced unwanted behavior
without increasing negative affect

Verbal Communication

Limited Choice vs. Free Choice

Questions vs. Commands

When-then vs. If-then

Honesty

Parents & Communicating with Parents

Parents - a Source of Useful Information

Child's basic personality
Child's response to past
dental/medical treatment
Parents' behavior management
techniques
Prediction of child's response

Parenting Styles and Dentistry

88% responded “absolutely” or “probably” when asked if parenting styles have changed since they started practice

The majority described these changes in parenting styles as “probably bad” or “bad”

Cassamissimo et al, 2002

Parenting Styles and Dentistry

Practitioners responded that these changes have affected the behavior of patients

“much worse”	20%
“somewhat worse”	65%
“no change”	11%
“somewhat better”	3%
“much better”	1%

Cassamissimo et al, 2002

Parenting Styles and Dentistry

Changes in Parenting have led to changes in behavior management techniques used by pediatric dentists

Increase in parents in the operatory	64%
Decreased use of H-O-M	82%
Decreased use of restraint	56%

Cassamissimo et al, 2002

Results

The child’s dental behavior is related to the maternal assessment of his anxiety level and her prediction of his behavior

The child’s anxiety level is significantly related to the anxiety level of the mother

A mother’s attempt to discuss the visit caused an elevation in the child’s anxiety level

Bailey et al, 1973

Results

72% of children behaved positively to their initial 2 visits irrespective of the mother’s presence or absence

Preschoolers ranging in age from 41 to 49 months benefitted most from mother’s presence

Mother’s presence did not have a deleterious effect on the child’s behavior (mothers instructed and motivated)

Frankl et al, 1962

Parents’ Acceptance of Management Techniques

There was a definite hierarchy of parental attitudes relative to the management techniques

The least aggressive techniques were more acceptable

4 of 10 techniques received ratings on the “acceptable” half of the rating scale

Murphy et al, 1984

Parents' Acceptance of Management Techniques

Acceptable Less Acceptable

T - S - D Restraint Asst
+ Reinforcement Restraint DDS

Voice Control Sedation
Mouth Prop H-O-M

GA
Papoose Board

Murphy et al, 1984

Parental Presence/Absence

Using the presence or absence of the parent to gain cooperation for treatment

Parent's role during treatment

Quiet Observer

Informed Consent

- Child cannot authorize treatment
- Child cannot provide medical history update

Informed Consent

- Divorced Parents
- Foster Parents & Guardians

Avoiding Problems

1. Plan Ahead
2. Make your expectations clear
3. Clarify feelings
4. Follow through with your decisions

1. Plan Ahead

Equipment & Supplies
Instrument set ups
Procedures
Mental readiness

2. Make your expectations clear

Foreshadowing

- What will take place
- What the child is expected/permitted to do
- What the child may feel like

3. Clarify feelings - Empathy

Empathy is the ability to put oneself in another's place, including the ability to feel and experience the situation that person faces

Messages that demonstrate empathy

I care how you feel

I am trying to understand how you feel

It is all right to feel as you do

Demonstrating Empathy - Nonverbal

Hold child
Touch, pat, stroke child
Touch face/mouth as part of procedure
Assist child entering/leaving room

Demonstrating Empathy - Verbal

- Question about feelings or pain
- Acknowledge feelings or pain
- Provide reassurance
- Provide signal mechanism to stop procedure
- Ask child about preferences

Results

Although the empathic approach showed a significant correlation with cooperation, treatment success and the child's mood at the end of treatment, it was rarely used.

In 54% of the patient interactions it was used once or twice and in 25% no empathic sentence was used at all.

Sarnat et al, 2001

Results

The personal approach was most popular
(used with all children & frequently)

The permissive approach was the most frequently used approach (procedure info, sensory info, TSD)

Sarnat et al, 2001

4. Follow through with your decisions

Recordkeeping and Behavior Management

Objective entries regarding child's
behavior

Document the management
techniques used and their
effectiveness

Deciding when to refer the child to a pediatric dentist

You don't enjoy or like working with children

The child requires treatment you are not comfortable providing

You or your staff have difficulty completing preventive procedures

The pediatric dentist likely would prefer that you not attempt treatment if you are unsure or uncomfortable with what needs to be done

Behavior Management - summary

- There is no “one size fits all” approach to behavior management
- Assess child’s development & comprehension
- Communicate at the child’s level
- Maintain a “teacher-student” attitude

Behavior Management - summary

- Be honest with children
- Demonstrate empathy
- Have many techniques in your bag of tricks
- Know yourself and when to refer