BEHAVIOR MANAGEMENT IN PEDIATRIC DENTISTRY

“One of the essential qualities of the clinician is interest in humanity, for the secret in the care of the patient is in the caring for the patient.”

During lectures program, you will gain new thoughts on:
- Behavior management and child psychology
- Variables affecting child behavior in dental office
- Classification of child behavior in dental office.
- Anxiety and pain control
- Behavior management for dental patients (Non pharmacological & pharmacological)
- What is sedation, types of sedation
- Indications and contraindications
- Advantages and disadvantages
- Details about nitrous oxide analgesia and sedation
- Levels of sedation--analgesia, anesthesia, and sedation
- Clinical uses of sedation on different branches of dentistry
- Pharmacology of nitrous oxide--uptake, excretion, etc.
- Clinical uses--adults and children
- Equipments medical considerations--pulmonary and cardiovascular physiology, delivery and scavenging systems
- Techniques of administration and/or monitoring
- Management of complications
- Dental treatment under general anesthesia (hospital dentistry)

Objectives
- To deal with issues regarding the practical provision of dental treatment for children.
- As dentists to recognize that dentistry causes discomfort & inadvertently pain.
- To remove the anecdotal believe that delivering dentistry to children is difficult and stressful to the practitioner.
- To understand that children are not simply small adults.

Psychology and Dentistry: Mental Health Aspects of Patient Care is a practical guide to an often-neglected aspect of dentistry-the contributions of the behavioral sciences to dental research and practice

Behavioral science, also called behavioral management, describes techniques where a psychological approach is taken to patients who are anxious about dental treatment. It covers
what every dentist tries to supply, i.e. tender loving care (TLC) as well as more complex psychological methods used to help patients get rid of their fear of the dentist.

In general, by providing TLC and empathising with their patients dentists show that they care. This tends to make people feel more relaxed and able to trust their dentist. When we are tense we tend to experience all sensations as painful or potentially painful; when relaxed we cope much better.

All children should be able to expect painless, high quality dental care. There are many different techniques which can help people overcome their dental phobia or fears. They are sometimes referred to as "behavior management". Should you come across this terminology, relax - it doesn't mean you'll be handcuffed to the chair. PAIN, FEAR AND ANXIETY terms associated with dental treatment specifically with children.

Why Behaviour Management

- To enable children to accept the various feelings and experiences associated with dental treatment.
- Develop communication skills with the child.
- Teach the child coping skills.
- Dentist to develop skills & techniques which allows him to identify why co-operation is failing.

Factors influencing behaviour in dental setting:

Many factors influence a child's response to dental treatment:

External: Largely beyond our control.

- Previous unpleasant dental/medical experience
- Parental anxieties & attitudes related to dentistry
- Peers, other family members & the media are significant sources of -ve information about dentistry.
Internal: Those that occur within the dental environment:

Variables Influencing Behavior
- Age
- Dentist
- Maternal Anxiety
- Past Medical History
- Time and Length of Appointment
- Patient Awareness of Problems

-Age of The Pediatric Patient
  * Chronologic age  
    • The child's actual age in terms of years and months.
  * Mental age  
    • The child's level of intellectual capacity and development.
  * Emotional age  
  . The child's level of emotional maturity

- Developmental Milestone  
  . Dentists should be aware of children’s abilities at various age
  . So that communication can occur at the appropriate levels.
  . Dentists have appropriate expectations for a particular child in the dental surgery.
  . Variability among children regarding the ages at which these milestones are met.

-Intellectual Development  
  Known Piaget’s 4 stages of Intellectual Development:  
  – Stage one: sensorimotor period (0-2 years)
- Stage two: preoperational period (2-7 years)
- Stage three: concrete operational period (7-11 years)
- Stage four: formal operational period (11-15 years)

- Implications to dentists:
  - Understanding the intellectual development of child aids effective communication.
  - As dentists to realize that there is sequential unfolding of capabilities of children.

- Emotions
  - Parents, dental auxiliary staff may transmit fear & anxiety to the child.
  - Hence dental staff need to be:
    - Calm
    - Confident
    - Use humour
    - Promote positive experiences to the child

**Stages of Childhood**

*Birth to age 2*
- Children learn to sit, stand, walk, and run.
- Vocally, they progress from babbling to using simple sentences.
- Can identify familiar faces and progress through periods of being friendly and then fearful of strangers.
- Too young to be expected to cooperate in dental treatment.

*Ages 3 to 5 years*
- This child needs to be allowed to develop **autonomy** and **initiative**.
- This child requires control and structure in his or her environment.
- Able to follow simple instructions.
- Welcomes an active role in the treatment experience.

*Ages 6 to 11 years*
- Period of socialization.
- Learning to get along with people.
- Learning the rules and regulations of society
- Learned to overcome fears of objects and situations.

*Time and Length of Appointment*
- Children early in the morning
- 1st visit simple and quick exam.

**Promoting Positive Behaviour in Dental Setting**
- Dental appointments in childhood & adolescence should be positive (*Research as shown that these early experiences have strong effect on attendance in adulthood*).
- Working with children is different from working with adults (*Children Are Not Small Adults*).
- Children are in the process of developing language, intellect, motor skills and personalities (rates at which specific abilities develop vary).
- To provide quality care to children it is necessary to have some basic knowledge of child development.

**Use of Verbal/Non-verbal Communication**
✓ Respect.
✓ Show interest in child as an individual.
✓ Share information freely.
✓ Give well stated instructions.
✓ Communicate at child’s level.
✓ Focus on positives things.

Physical Contact
- Initially work from in front.
- At eye level.
- Proximity of ‘intimate zone’ (45cm) usually invaded by dentists hence frequent stopping during procedure allows some time for coping.

Dealing with Parents/ Family Members
✓ Appropriate for parents to be present to give support to their children during treatment.
✓ If parents are not helping with management of child they should be informed of your expectations:
  - Clear
  - Polite/professional
✓ Parental access should never be denied.
✓ Other family members who readily cope with dental treatment used as models.

* Dentist
  - Office appearance and attire
  - Knowledge of patient
  - Dentist’s skill, speed, personality
  - Use of fear promoting words
  - Use of praise and reward vs. bribery
  - Self control, empathy
  - Use of commands vs. suggestions
  - Use of appropriate vocabulary for age
  - Use of humor

The Pediatric Dental Office
- The office should display cheerfulness, a pleasant environment with a nonthreatening decor.
- Treatment areas are designed with an open bay concept.
- Dental personnel dress in bright coordinating colors.

Dental Setting
✓ Everyone in the setting should be transmitting positive, comforting expectations to the child.
✓ Use of stimulating visual distracters in the surgery.
✓ Having age appropriate materials in the waiting areas.
✓ Greet child in waiting room preferably without masks, coats etc.
✓ Pace procedures according to child’s capabilities (not rushing or getting the child bored)

* Communication
Good communication is essential with all patients if a good treatment alliance is to be formed. However, with children the communication pathway is more complex than the simple one to one communication that exists with most adult patients. The child, dentist, parent, carer and dental nurse are all potentially involved. However, the child can only concentrate on one individual, when problems occur it is often potentiated by unhelpful communication between the child and parent or carer. Each member of the dental team must understand their role and remit and so must the accompanying adult.

Communication with the parent is also important to establish events which have distressed the child in the past, this is especially important where a negative dental experience has already occurred.

- The Role of the parent
Many dentists have firm views on whether a parent should be present when dental treatment is carried out. However, parents also have views and many prefer to be present during treatment, especially if their child is young or at an initial visit.

The major concern for dentists is the potential of the parent to disrupt treatment by inappropriate communication or by exhibiting anxiety themselves. The desire to exclude parents may also reflect the fact that many dentists are used to a one to one relationship with patients and find the three-way interaction threatening. However, involving the parent in the planning stage and outlining their role as a passive but silent helper may provide a comforting presence without unhelpful interference.

Research suggests that children’s behavior is unaffected by parental presence or absence. The exception is young children (less than 4 years) who behave better with their mothers present. Separation anxiety is a normal developmental stage, and it has been shown to be a good indicator of dental anxiety in childhood. Thus for young children parental presence is important, for older children parental presence appears not to have such a clear effect on child behavior but may be important to the parent. What is essential is that individual practitioners explain their practice policies on parental presence to parents.

Talking with Parents

- Dentists should always have positive relationship with parent & child.
- Keep both well informed.
- Always to involve children in discussions.
- To separate the child from the parent to discuss sensitive issues.

Dentist-Patient Relation: Straightforward ‘one to one’ relationship in most adult dentistry.
Triad of Relationship:
The situation is more complex in children’s dentistry. The dentist (and other members of the dental team) must also communicate with the parent(s) and the child may receive information from more than one source.

* Medical history.
Children who have had negative experiences associated with medical treatment may be more anxious about dental treatment. Similarly, fear sustained from previous unhappy dental visits has also been related to poor behavior at subsequent visits. When taking a medical history the dentist should include questions about previous hospital/medical contact/treatments and the child's response to them.

* Parental anxiety Maternal Anxiety: Anxiety transferred to the child.
A relationship between maternal anxiety and difficulties in child patient management at all ages has been shown, and is particularly important for children less than four years old. When a parent is unable to contain their own dental anxieties it may increase the child’s own anxiety, in such cases finding an alternate adult who is less fearful may be helpful. Parents are also able to accurately predict the likely behavior of their children.

Awareness of a dental problem.
Children who know they have a dental problem are more likely to exhibit negative behavior at the first dental appointment.

Principles of child management

*To provide dental treatment for children:
you need to know:
- The attitude of the child, parents & staff.
- Knowledge of the general growth stages
- Proper physical & psychological eval.

Three Points to Remember
- Dentistry can be scary to the child
- It’s Important to Know What You Are Doing
- It is the dentist’s responsibility to manage his or her child patients.