

Behavior Management (1)

It's the means by which the dental health team effectively and efficiently performs treatment to the child, without behavior management it is very hard to treat children so our aim is to create a positive dental attitude to the children.

they are basically about communication with the pt. and his parents and about educating the child how to behave in dental clinic

the relation here is not just you and the pt. it's a three way process, other say it's 4 way process (you, the pt. , his parents , and dental team) it's a dynamic process that starts before the pt. arrives and it involves dialogue, voice tone, facial expressions, body language, and touch.

some people don't like to use the word management because they think it's a little harsh so they use "Behavioral Guidance" instead, because it guides the child toward communication and education, using a continuous interaction involving the dental health team, the dentist, the patient and his parents leading to a good dental treatment and creating a positive experience to the child himself.

again it's about communication and education to decrease the anxiety and fear and to promote understanding to achieve good oral health.

Individuals usually differ So the appropriate management should be chosen depending on the individual's needs, every practitioner integrates his/her personality on the basic psychological principles in managing children, So what works with one may not necessarily work with the other.

since our aim is to reduce anxiety, what's dental anxiety ?

it's a vague, unpleasant feeling accompanied by apprehension that something undesirable is about to happen.

you need to know about pre existing anxiety term.

Dental anxious children are more sensitive to dental pain.

The word anxiety differs from the word fear, in Fear you know what you are afraid of (more specific) in anxiety it's (more generalized) still we can use them interchangeably but it's good to know the difference.

An old American study had showed that visiting dentists is rank 4 that causes anxiety to people behind, snakes, heights, and storms, so people don't really like visiting us. The most procedure that causes anxiety is local anesthesia, and then the sound of the drill (hand pieces).

Q: How can we tell that someone is anxious?

1. physiological manifestation (physiologic and somatic sensation)

Perspiration palpation, breathlessness, and anything that affects body function.

2. cognitive features

he loses his ability to focus, that's exactly what happens to us during exams.

3. behavioral features

it's like because you're anxious you start not going to the dentist, you start avoiding or postponing the dental appointment.

Q: How does you measure anxiety ?

by measuring the 3 manifestation that we talked about.

1. physiological measures:

heart rate, hand and face temperature.

there's a device (polygraph recording) that we show the dental procedure to the kid through it and then we measure how anxious he is but it's not that accurate because voices and electricity from the device itself could cause anxiety, the test itself is annoying.

2. cognitive features measures:

they may ask the pt. specific questions and know the level of the pt. anxiety, they ask simple questions and they have to make sure that the questions are reliable and valid, they are not haphazard questions.

ex: "how about visiting the dentist?" they take one of the boxes and add up to the score and then we can decide their level of anxiety based on this scale.

Children who are very young (who can't read yet) we show them faces scale or a pie test.

ex: " how do you feel about going to the dentist?"

we ask him to choose the face that tells what he feels.

it's so useful to know the level of anxiety to help us in the management, (interviews, questionnaire, and self report measurements)

Venham picture test for small children.

corah's dental anxiety scale for older children and adults.

3. by observing

we observe the child behavior and put him on a scale

Frankl behavioral scale:

- Definitely negative

Refusal of treatment; crying forcefully, fearful, or any other evidence of extreme negativism

- Negative

Reluctance to accept treatment; uncooperative; some evidence of negative attitude but not pronounced, i.e., sudden withdrawal

- Positive

Acceptance of treatment; at time of cautious; willingness to comply with the dentist, at time with reservation, but patient follows the dentist's directions cooperatively

- Definitely positive

Good rapport with dentist; interested in the dental procedures; laughing and enjoying the situation

-there are many scales

*Clinical classification of the children:

1. cooperative :

getting along fine without significant disruption.

2. lacking cooperative ability:

they don't have the ability to cooperate even if they want to, either because they are too young less than 2 years old, or mentally too young (handicapped), they are unable to cooperate and communicate to appropriate level.

3. potentially cooperative:

they have the ability to cooperate but they choose not to (the most challenging pts.) and the most common pts you are going to meet, a they are classified :

1) uncontrolled: tantrum (3-6 years)

the child here starts screaming, crying, hitting the ground by his hands and feet, it's better to refer his treatment in this situation.



2) defiant (challenging one) when the child starts getting older, he will try to resist you, small children refuse to open their mouth by saying " i don't want to" but when they are a little bit older they will sit and open their mouth but at the same time they will start pushing you by their hands.

3) timid (mostly female) they hide their faces by their hands or hide behind their mother and maybe at anytime they deteriorate to uncontrolled.

4) tense cooperative : > 7 years , they try to help us but they are very anxious , we call them **White knuckles**, they hold something with their hand(s) in a constant position, a chair for example so their knuckles become white.

- **5) whining** (no pain, no tears) just "naaaaaa" Usually continuous, it's annoying.

Q: What are factors that might influence a child's behavior?

1) Medical history

a child who has had a negative experience associated with medical treatments (a lot of surgeries and a lot of appointments) they will be anxious of dental treatment even though they didn't try it, or maybe a negative experience from previous bad dental visit.

2) parental anxiety

because children when they are very young, they learn everything from their parents, and that's what we called (primary socialization) it lasts for life long, but its effect is reduced when the children go to the school and we call it here (secondary socialization) , it is an ongoing and gradual process, so parents can shape their children's attitude toward oral health.

The importance of the **maternal** anxiety has been reported and recognized for over 100 years, especially for those less than 4 years old, Parents are also capable of predicting their child's behavior, they can pretend if he's going to cooperate or not , and it's well documented, if the child's mother is anxious, or she can't even look while we're doing the treatment we can ask another member to come with the child to the clinic, so if the parents are afraid of dentists the child of course will be afraid too.

3) awareness of dental problems

when a child comes to the dental clinic with cellulites, with pain, and he didn't sleep the whole night, his first dental visit will be anxious because he knows that something is going to happen, ideally we prefer to see the child for the first time for check up, hence, children who know they have a dental problem, exhibit more negative behavior at the first dental appointment.

We talked about communication a lot and we said it's essential not just with children, but with each pt.

The communication:

good communication with the patients is a must, but it's a bit more complicated when it comes to the Pediatric dentistry, because the dentist and his team have to communicate with the child and his parents.

Children are very good readers of the body language, so communication might be impaired when the body language is not consistent with the intended message; when body language conveys uncertainty this makes the patient more anxious, ex: if you are pretending that you are happy they will know that, or if you are not confident while giving the local anesthesia he will also know, you have to show him that you are very confident, and remember if you want to end the treatment so fast there will be no time for communication.

It is good to talk to the child before starting the procedure this will establish trust, because once the procedure starts, the 2- way interchange of the information turns into one way manipulation of behavior through commands, and this will not be easy if there is no trust.

Q : what's the role of the parents in all of this ?

it is better to let them wait in the waiting room and not to be in the clinic during the procedure, but this is not easy, anyway most researches suggested that children's behavior is not affected by the presence or the absence of their parents, unless they are very young less than 4 years (better to present).

a new study showed that parents really like to be with their children in the clinic and primary reason for that is "comfort" to feel comfort about their child.

so many parents prefer to be there during the procedure, especially if the patient is too young or it's his first visit, but our main concern as dentists is that their presence may lead to inappropriate communication with the child, or they may exhibit anxiety themselves.

Parents always repeat orders and this creates annoyance for both child and dentist, and may break the rapport between the child and the dentist, and makes it harder to use the (voice control).
-we will talk about it later on.

What is essential?

To explain the whole procedure and to talk about what is the best for the patient and for his parents.

Some general consideration of pediatric patients management:

1. Always call the patient by his (first/ nick) name.
2. Direct the conversation toward the child whenever possible.
3. Talk at the child's level (physically and mentally).
4. avoid quick and sudden movements while performing the procedure.
5. avoid fear promoting words.
6. communicate with the patient, but once the treatment starts you need to use short commands.
7. Admire and praise the good behavior, because children like to please adults.
8. Keep self-control all the time, it's not acceptable to lose it, especially while dealing with the pediatric or handicapped patients.

Some factors that might contribute to the child's behavior :

1. Scheduling : when to see the patient is very important, most children are fresher in the morning, we prefer see them in the morning specially pre schooled ones, and we prefer same age group to be there at the same period so they will be comfortable when they see children who are from their age group , another thing is how much will they wait? Because waiting too much in the reception area leads to tiredness and restlessness .

2. Appointment length: new researches suggest to treat each Quadrant in each appointment (ex : to treat The 6+E+D at one appointment) creating less numbers of appointments, usually the

patient loses his concentration if the appointment is more than 30-45 minutes), on the other hand one clinical study stated that the length of the appointment doesn't affect the behavior negatively and another one stated that it affects the behavior positively.

3. Dental Attire: Some Pediatrics have a negative experience toward the white coat and the mask, specially those who were under GA, and this makes their management harder, so some pediatric dentists tend to wear colorful clothes, but some of them refuse that because they say it is less professional, thus "the dental attire" is a personal choice.

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Sorry for any mistake

