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'In the name of God, the Compassionate, the Merciful'

In this sheet we're going to talk about the non-pharmacological behavior management techniques in children, some of them will aim to improve the communication process and how we communicate with our patient and their parents, where other techniques are intended to eliminate inappropriate behavior or reduce anxiety.

The techniques will be described individually, but in the clinic we will be using them in combination.

Every one of us is different from one another and each patient we encounter in the clinic is different from another one, so what we use for every patient might differ from one patient to another and from one dentist to another.

The behavior management techniques we are going talk about are:

1. Preparatory information
2. Non-verbal communication
3. Voice control
4. Tell-Show-Do (TSD)
5. Enhancing control
6. Behavior Shaping and positive reinforcement
7. Modeling
8. Distraction
9. Systemic desensitization
10. Negative reinforcement

1. Preparatory Information

The concept behind it is that you would want your patient and their parent to come to the clinic with having some idea about what to expect. This is not used here in Jordan, but usually when the patient has an appointment with you, he would receive a letter, email or a message discussing the office procedures and what to expect. Such letters will inform the family about what will happen at the visit, give advice about preparing the child and also reduce parental anxiety.

Studies have shown that children whose families had received a letter were more cooperative and the mothers found it to be helpful.

The use of preparatory computer package prior to dental general anesthesia reduced anxiety and also improved patient behavior at induction compared to a control group.

So, preparing the parents and especially giving them something written to read (Not while they're at the clinic but before that) has efficiently improved their child's behavior.

Nowadays, we have the internet and customized web pages serve as educational tools that help the parent and child be better prepared for the first visit and may answer questions that help reduce fears.

So, preparatory information is an important concept that will help out reduce parental anxiety and improve child behavior.

2. Non-Verbal Communication

It literally means communicating 'without talking', so the non-verbal communication is the reinforcement and guidance of behavior through appropriate contact, posture, facial expression, and body language.
Objectives of non-verbal communication are:

1. Enhance the effectiveness of other communicative management techniques (You're talking to your patient but you want to enhance what you're saying, so you will do that non-verbally)
2. Gain or maintain the patient's attention and compliance

Non-verbal communication is occurring continuously and may reinforce or contradict verbal signals. Example: having a child friendly environment and a happy smiling team because children are very good at reading non-verbal signals.

Sometimes the non-verbal signals are more important than what we're saying, because children can read these signals and can feel if we are stressed out when we're giving them local anesthesia. So we need to try and calm ourselves so that they feel that we're confident and they're in good hands.

Messages are conveyed by the environment as well as by individuals, so posters depicting the effect of disease aimed at adults may frighten children. (Example: if there was a picture on the wall that can provoke fear in a child it's better to remove it).

A study that used videos of young children 3-5 year-olds while undergoing dental treatment showed that gentle patting of a fearful child may reduce the likelihood of such behavior continuing, while holding and restraining are more likely to increase such behavior.

Also sitting and speaking at eye level allows for friendlier and less authoritative communication.

There are 3 'essential messages' that we want to send to child patients mainly through non-verbal communication:

1. "I see you as an individual and will respond to your needs as such".
2. "I'm thoroughly knowledgeable and highly skilled".
3. "I'm able to help you and will do nothing to hurt you needlessly".

3. Voice Control

It's basically changing either the tone or the volume of your voice to get the child's attention. Voice control is not shouting at the child, actually it's changing the tone or the volume for a short period of time to gain their attention and get them to do something specific then we get back to reassuring tone afterwards

Young children often respond to the tone of voice rather than the actual words.

This technique uses a controlled alteration of voice volume, tone or pace to influence and direct a patient's behavior.

It aims to improve attention and compliance as well as to establish authority.
Example: abrupt change from soft to loud to gain attention of a child who is not complying.

It may not be acceptable to all parents or clinicians, some parents might feel offended if you raise your voice on their child.

*****Not appropriate for **children too young to understand** or with **a mental handicap**.

4. Tell-Show-Do (TSD)

We will be using this technique in every clinic. The concept behind it is that children are coming to see you while knowing nothing about dental clinic, how to behave or about what we're going to use. So basically we tell them about what we're going to use, we show it to them and then actually show them how it works. We need to explain everything to the child because they don't know what we're going to do, it makes them feel more at ease and it's more likely to get you carry out the work you want to do.

This technique is widely used to familiarize a patient with a new procedure.

It's useful for all patients who can communicate, but the terminology you would use with younger children is different than the one you would use with older children.

There are no contraindications and it's well accepted by parents, because parents like to see that you're spending the time to explain to the child what you're going to do.

Objectives of TSD are:

1. To teach the patient important aspects of the dental visit.
2. To familiarize the patient with dental setting.
3. Shape the patient's response to procedures through desensitization and well-described expectations.

The "Tell" phase involves verbal explanations of procedures in phrases appropriate to the developmental level of the patient.

The "Show" phase is used to demonstrate the visual, auditory, olfactory and tactile (let them touch and feel the handpiece) aspects of the procedure in a carefully defined, nonthreatening setting.

After that we move to the Do Phase immediately before they forget what we "told" and "showed" them.

The "Do" phase is initiated with minimum delay and without deviating from the explanation and demonstration.

With Tell-Show-Do avoid sudden movements (Example: when suddenly we recline the dental chair the child might get scared).

With Tell-Show-Do we don't ask permission (Example: after we show the child and tell him about low speed handpiece we tell him to open his mouth and we start work, because mostly if we ask for his permission his answer would be NO).

These are some terminology that we could use to explain to children the procedures that we do or we could come up with any other terminology depending on our own imagination:

Slow speed handpiece: motorcycle.
High speed handpiece: fast car or Mr. Whistle.
Local anesthetic: Sleepy juice.
Giving a local anesthetic: spraying teeth off to sleep
Rubber Dam: Rubber raincoat
Rubber Dam Clamp: Clip or Button

Suction: hoover or thirsty straw
Amalgam: silver star
Air/water: Wind gun/water gun
Fissure sealant: Tooth paint
SS crown: princess crown or soldier's helmet

5. Enhancing Control

The concept behind it is that you're giving the child some control, here the patient is given a degree of control over their dentist's behavior through the use of a STOP Signal, usually raising an arm.

Control in this sense does not imply the possibility of avoiding the situation but rather the possibility of influencing how it is experienced.

Such signals have been shown to reduce pain during routine dental treatment and during injection.

The "stop signal" should be rehearsed and the dentist should respond quickly when it is used.

Another example of this technique is the use of a brief escape from dental treatment provided on a regular fixed time schedule. (Meaning: we tell the child we will work for 30 seconds "limited time period" then we give him/her a break, afterwards we go back working for 30 seconds and so on)

These time intervals are signaled by an electronic timer worn by the dentist and these regular breaks from active treatment were effective in reducing disruptive behavior in young children undergoing restorative dental treatment.

The simpler way of doing things and the way most of us will do a lot in the clinic is counting, by telling the child we will only work for a count of 5, then we start work with counting: One..Two..Three..Four…Four and a half…Five.. Then we give the child a break, after then we go back working as before and so on.

It's obviously so silly, but it will get the dental work done.

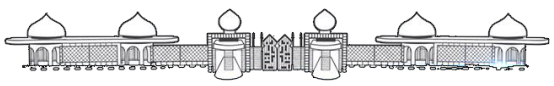
Second part "Ali Kakooli"

6. Behaviour shaping & Positive reinforcement

Reinforcement by definition is strengthening of a pattern of behavior by giving a positive feedback about it in order to increase the probability of this behavior at future.

Here we are trying to shape the child's behavior so we will let them behaving as we want . like when we order them to open their mouths so they will obey and as a result we gain the tolerance of the child so he can withstand our dental work despite his initial feelings of discomfort and insecurity .

That should be done by a defined series of steps until guiding them to the ideal behavior and this is mostly achieved by selective reinforcement .



How do we reinforce behavior ?

Anything that the child find it pleasant can act as positive reinforcement , for example giving gifts such as stickers or badges that are offered at the end of the treatment . You can also blow the gloves and using it as balloons drawing happy face on them this will definitely work as a positive reinforcement .

What is the most important way of apply positive reinforcement to get the best results ?

The (social positive reinforcement) , by using a social stimuli which includes your own facial expressions (smiling to them) , or using a positive voice modulation, like speaking with them using certain verbal phrases like "Excellent Welldone or You did it "
The social stimuli will make them feel that you are happy with them and also they are doing well through the appointment .
The social stimuli is more important than the physical gifts ..

Which is better , to apply the positive reinforcement at end of clinical appointments or through it ?

Well, we shall use it in both situations but reinforcement works more efficiently when applied directly after the patient shows the appropriate needed behavior while working rather than the end of treatment . Like when you say welldone to him immediately if he shows tolerance after giving an injection.

** Try not to bring candies or chocolates as gifts but bring toothpaste and brushes instead

7. Modeling

What is modeling ?

A mean by which the child learns a certain behavior by observing the behavior of other children whom receiving the same treatment , so it is better to bring somebody to model for them .

Modeling will encourage the appropriate behavior when the patient see the dentist is happy with other child , so that will give them a desire to mimic the other child's behavior as well.

Is modeling technique always considered to be positive and effective ?

No, because sometimes if one of the children in the clinic starts crying so others will do the same thing , which means it isn't always positive.

For best effects modeling should be at the same age of the target child, otherwise it won't be relevant (The model child is aged similarly to the targeted child)

8.Distraction

What do we mean by distraction ?

Distraction is stealing the attention of the child either from the whole dental clinic like make them feel somewhere else (in different environment) or from stealing their attention from something specific unpleasant you are doing at the clinic such as giving local anesthesia . So we shift their attention

What is the aim of distraction ?

The aim is to decrease the perception of unpleasantness experienced by the target patient , which will then facilitate our clinical work

Examples of distraction :-

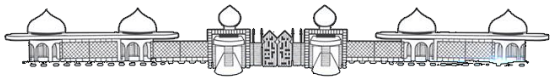
Visual distraction ; here we show children (cartoons) while working and that will reduce any unwanted behavior and also let the child know that it will be switched off if they not behave appropriately

Audio-distraction; this is useful for adults mostly and shows low success for children. Letting the patient listen only wasn't so that successful.

A combination of both visual and auditory:-

Recently, an (audio-visual glasses) has been used which offer an effective way of distraction and reduces unpleasantness and distress throughout the restorative procedures

** Using combination of both visual and auditory is much better than using a single mean alone



When giving anesthesia try pulling the patient lips so the child won't know what to concentrate on is it the needle going there or the sensation of pulling (he will be confused) ,, so it is a distraction for them

Talking also another example of distraction , we must talk with them all the time especially when giving local anesthesia .

Another example when taking an impression let the patient raise their legs to stop them gagging .

9. SYSTEMIC desensitization

Used mainly with phobic patients whom suffer from anxiety and and fear toward specific things or situations which make them avoid these things , dental phobics for example will not be able to consider the prospect of attending a dental practice .

So , This technique helps individuals with specific fears or phobias to overcome that feeling by (repeated contact) with the fearful stimuli , by repeated exposure to the stimuli DESENSITIZEATION will occur and the patient will get used of it .

** it should be done step by step

** it should be done when the patient is relaxed and it won't work if the patient is anxious .

Again,
Systemic desensitization has two elements :-

1) gradual exposure to the fearful stimuli (step by step)

2) the eluction of space incompatible with anxiety (creating an inner calmness and a state of relaxation in the patients inner self)

How can we teach patients the way to be relaxed ?

Start with Feet excersices like peading

And psychological techniques

That will lead to a progressive relaxation

** Systemic desensitization is mostly used with adolescents rather than young children

Remember when giving local anesthesia we should try hiding the needle and also we should inform the child about the sensation like " you will feel a little sting or feeling a cold sensation .

10. NEGATIVE- reinforcement

Defined as the removal of a stimulus which the child feels unpleasant as soon as the required behavior is exhibited , مثل حرمانهم من شيء عزيز الى ان يقومون بتحسين سلوكهم

Example :-

(Exclusion of the parents once the child shows an inappropriate reaction at the dental clinic)

So we are shaping his behavior by removal of a stimulus (parents) and this action (the exclusion of parents) is what considered unpleasant to the child [Negative reinforcement]

** we shouldn't be confused with punishment WE ARE NOT BEATING NOR HITTING THE PATIENT

Another example of negative reinforcement is (Mouth excersice)

which involves straining the child in the dental chair and the dental assistant holding the child down and the dentist place his hand over the child's mouth but we shouldn't suffocate the child , and then whispering to his ear explaining that the hand will be removed as soon as they stop the non appropriate behavior ,, of course once you remove the hand the child will continue crying , so place the hand again untill they understand that they need to stop ..

The aim of this excersice is to gain the child's attention and be able to communicate to reinforce a good behavior .

These techniques are recommended for children whom are with age between 4-9 years old , not younger nor older . Because younger than 4 won't understand so much and the older ones is difficult physically to control them .

** Parents concent is essential and techniques should never be used in children whom are too young to understand or mental and emotional handicapped .

** The doctor have never used the mouth excersice , but it does exist and there is no many studies on it to get concent for it , this technique is the most controversial among all behavioral management techniques used by dentists . The indications are extremely rare and not recommended , But we may be asked about it in exam ..

The End