Behavior Management?
Children Are **NOT** Small Adults
Understanding Children, or

Why Do They Act Like This?
Helpful Generalizations

Children

- Do not have good control of their emotions
- Emotions have control of them
- Little things often cause big reactions
Age Matters

- Little life experiences
- Cognitive skills
- Communications skills
- Attention span
Logic?

- Lack of adult logic
- Example
- Coping Skills
- Maturity
Right Here Right Now!

- Children are into immediate gratification
- Delayed rewards are difficult for children to accept
- They do not see the long term benefit of dental care
Parenting Style

- Can create many problems
  - Maybe most of them

- Strict

- “Loose”

- Negotiation
Temperament

Each person is unique from birth

- Passive
- Aggressive
- Strong-willed
- Cautions
Treatment Triangle

- Child/patient
- Dental personnel
- Family/parent
Parental Attitude Towards Dental Care

- A dislike/fear of dental treatment
- Children are vary ‘tuned in’ to their parents’ emotions
- This is particularly true of young children and their mothers
Maternal Anxiety

Gee, Billy, you're a very good patient. Your Mom seemed a bit worried about your first visit.
Parent-Child Separation

Separation Anxiety
Separation Anxiety

- Starts at 6 months
- Plateaus at 18 months, then declines
- Most children are fairly well controlled by 36 – 40 months
Modeling

- Subjects are exposed to a live or videotaped model undergoing dental experiences and exhibiting adaptive behaviors.
- The expectation is that the subjects will use this vicarious experience to incorporate desirable behaviors.
Modeling — Behavior Profile Over Time
How does your office look to the child?

Is it Kid-Friendly?

...or is it Scary?
Behavior Management/Guidance

- Communicative management
- Advanced behavior guidance
- Pharmacologic approaches
Communicative Management

- Tell-Show-Do
- Voice Control
- Positive reinforcement
- Distraction
- Non-verbal communication
Goals

- To achieve good dental health
- To help develop a positive attitude to dental health
Tell-Show-Do

- Along with communication skills and positive reinforcement
- Indications
  - All patients who can communicate with any level/method
- Contraindications
  - None
Voice Control

- **Indications**
  - Uncooperative, inattentive communicative child

- **Contraindications**
  - Unable to understand and cooperate due to
    - age
    - disability
    - medication
    - emotional maturity
Tell-Show-Do
Positive Reinforcement

To reinforce the desired behavior

- **Indications**
  - For any patient

- **Contraindications**
  - None

“If one looks close enough, there is always something to praise!”
Kids Respond Well To...

- Friendly people
- People who show an interest in them
- People who talk at their level
Distraction

Technique diverting the patient’s attention from the unpleasant procedure

- **Indications**
  - For any patient

- **Contraindications**
  - None
Non-Verbal Communication

- Reinforce and guiding behavior by
  - contact
  - posture
  - facial expression

- Indications – all patients

- Contraindications - none
Parents in the Room

- Age old debate
- Old school of thought
- Is there a single correct answer?

- Modern parents
- Separation anxiety
- As a reward
  - Passive observer
Parents in the Room

- There is a direct relationship between maternal & child anxiety
- “If you can’t beat ‘em, use ‘em”
- Read stories
- Hold hand
Desensitization

When a child is gradually and progressively exposed to a graded series of stimuli increasing in their anxiety-provoking value

- **Indications**
  - For any patient

- **Contraindications**
  - None
Coping Time
Kids Don’t Like

- People who talk down to them
- When people talk in front of them
- Certain words
  - Shot!!!!
  - Drill
  - Blood
  - Hurt …
Language Selection

Avoid the use of fear-promoting words

“Hurt” “Pain” “Needle”
Use Word Substitutes

- Water syringe
- Suction
- Alginate
- Study models
- High speed
- Low speed
- Rubber dam
- Clamp
- Frame
- Sealant
- Topical fluoride
- Air syringe

- Water gun
- Vacuum cleaner
- Pudding
- Statues
- Whistle
- Motor cycle
- Rubber raincoat
- Tooth button
- Coat rack
- Tooth paint
- Cavity fighter
- Wind gun
Age and Behavior
One Year of Age
Two Years of Age

- Difficult to separate from father or mother
- Almost without exception, should be accompanied by parent to treatment room
Three Years of Age

- Can usually communicate and reason with them
- Frequently turn to parent
  - for comfort, support and assurance
- Have difficulty taking someone else’s word
  - especially in times of stress or when hurt, fatigued, or frightened
Four Years of Age

- Will usually listen with interest to explanations
- Normally responsive to verbal directions
- Talkative
  - Tend to exaggerate
- In some situations, can become defiant
Five Years of Age

- Ready to accept group activities and community experience
- Personal and social relationships are better defined
- Proud of their possessions
- Responsive to comments about their personal appearance
Age is only a guideline
Crying

Types of crying

- **Obstinate**
  - Usually no tears
  - Temper tantrums

- **Frightened**
  - Perfusion of tears
  - Sobbing
  - Convulsions

- **Compensatory**
  - Constant whining
  - Blocking mechanism
**Time Out**

- Separating the child from the social environment or procedure that provokes disruptive behavior

**Contingent Escape**

- Raising a hand to stop for a brief period to allow some control
Considerations

- Language Barrier
- Gender of Provider
- Length of Appointment
- Appointment Time
- White Coat?
- Cultural Diversity
Dentist’s reassuring touch effects on child’s behavior

Greenbaum, et.al., PedDent 15:20, 1993
Reward versus Bribe

If you let me take you to the dentist, I'll get you a STAR WARS game, a racing car, 12 boxes of baseball cards.

This time I think I'll hold out for that new stereo.
Delaying Tactics
Other Considerations

- Visual Imagery
- Honesty
Advanced Behavior Guidance (Aversive Techniques)

- Protective Stabilization
Protective Stabilization
Physical Restraint

Partial or complete immobilization of patient by dentist, staff or parent with or without aid of restraining devise (Papoose Board or Pedi-Wrap)
Protective Stabilization
Physical Restraint

- Papoose Board or Pedi-Wrap
Physical Restraint

Indications

- Uncooperative patient due to
  - lack of maturity
  - mental or physical handicap
- Other behavior management techniques failed
- Risk to dentist
  - Patient without
Physical Restraint

Contraindications

- Cooperative patient
- Patient who cannot be restrained due to medical or systemic conditions
Physical Restraint

The following must be included in the patient record:

- Informed consent
- Type of restraint used
- Indication for restraint
- The time the restraint was used
Physical Restraint – Mouth Props

- McKesson bite blocks
- Molt mouth prop
- Wrapped tongue blades
- Rubber dam
What are the rights of the parent versus the risk to the child?

Assent of the young patient: should we disregard the patient’s refusal of treatment?
Objectives

- To gain the child’s attention enabling communication with the dentist so that appropriate behavioral expectations can be explained.
Assault and Battery

Child Abuse – Professional Abuse
Behavior Assessment

- Chronological/functional age
- Medical history
- Past medical/dental/life experiences
- Anxiety level/behavior – parent/child
- Separation anxiety
- Personality
Rating 1

- Definitely Negative
  - Refusal of treatment
  - Crying forcefully
  - Fearful, or
  - Any other overt evidence of extreme negativism
Frankl Behavior Rating Scale

Rating 2

- Negative
  - Reluctant to accept treatment
  - Uncooperative
  - Some evidence, or
  - Negative attitude, but
  - Not pronounced
    - Sullen
    - Withdrawn
Frankl Behavior Rating Scale

Rating 3

- Slightly Positive
  - Acceptance of treatment
  - At times cautions
  - Willingness to comply with the dentist
  - At times with reservation, but
  - Follows dentist’s direction cooperatively
Frankl Behavior Rating Scale

Rating 4

- Definitely Positive
- Good rapport with the dentist
- Interest in the dental procedures
- Laughing and enjoying
Most children are either cooperative or have cooperative ability.
Spectrum of Patient Management Approaches

1- GA
2- Sedation
3- Nitrous
4- Non-Pharm
First Dental Visit

Variables Affecting Dental Visit

- Parent/child/dentist having ‘bad day’
- Another child crying
- Child – hospitalization
- Nap time conflict
- New baby in family
- Caboose child, etcetera
- Parent/child past dental history
Local Anesthesia
Chair Position
The Use of Topical
Questions?