Review Article

Techniques for the Behaviors Management in Pediatric Dentistry

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Abstract

Changing attitudes on the module of dentists and parents identical have resulted in rising concern by dentists to develop supplementary child behavior management techniques. Mutual research among dentists and behavioral psychologists has been supported by the American Academy of Pediatric Dentistry to deal with these concerns, but further research is needed. This paper explains many techniques that, from a behavioral science perception, offer assurance for pediatric dentists managing troublesome children. In adding up to scientific appeal, these techniques emerge to have potential for reception and incorporation into the dental operatory. While early research proposed these procedures can fit simply into regular practice, save cost efficient and time, and are moderately easy to find out. Behaviors management methods in pediatric dentistry are focused toward the target of communication and education. An affirmative relationship between the dentist and child is built during an ever-changing procedure and is our primary goal.

Keywords: Behavior management, Child behavior, Pediatric dentistry

INTRODUCTION

Behavior management of the pediatric patient is an essential part of pediatric dental practice. A significant percentage of children do not co-operate in the dental chair, hence causing an obstacle to liberation of quality dental care. For a child who is not capable of co-operate, the dentist has to rely on other behavior management techniques as substitute or addition to communicative management.[1] Behavior management methods concern communication and education. The relationship connecting the child, the child's family and the dental team is an energetic process. It may begin before the patient lands in the surgery and can engage written information as well as exchange of ideas, voice tone, body language, facial expression and touch.[2] Development and a variety of outlook toward dental treatment, it is very important that dentists have at their clearance a wide variety of behavior management techniques and communication techniques to meet the needs of the every child. The objectives of child management are listed below:

1. To assemble the child comfortable
2. To offer freedom from pain
3. To execute the procedures safely
4. To hold out the treatment capable and
5. To boast the child and the parent agreement to the procedures.[3]

CHILDREN WITH DENTAL ANXIETY

Dental anxiety is defined as a feeling of fretfulness about dental treatment that is not essentially connected to a particular external stimulus. According to Chadwick and Hosey (2003), anxiety is familiar in children and the symptoms of anxiety are reliant on the age of the child. Toddlers reveal anxiety by crying while grown-up children noticeable anxiety in other ways. Common anxieties among kids include fearing the mysterious and being worried regarding a lack of manage-both of which can happen with dental assessment and treatment. The capability of a child to deal with dental procedures depends on his/her phase of development. Children could be supportive, potentially cooperative, or not have the ability to be supportive (sometimes called pre-cooperative). Pre-cooperative children contain the very young and those

with exact disabilities with whom cooperation may not be accomplished.[4]

Many factors are known to persuade dental anxiety in children.

Parental Influence

Parent's anxiety had a major influence on their child's behavior, particularly if they had earlier negative dental incidents. An anxious or afraid parent may influence a child's behavior pessimistically. Educating the parent prior to the child's first dental visit is vital. Considering the office procedures on the early telephone call, go after by sending office information and a temptation to visit the office website or even an office "pre-visit," may be supportive in sinking parental anxiety.

Parenting styles have changed in recent decades. Dentists are faced with challenges from the rising number of children who a lot of times are ill-equipped, the skills and self-discipline necessary to deal with novel experiences in the dental office. Commonly, parental expectations for the child's behavior (e.g., no tears) are impracticable, though expectations for the dentist who steer their behavior are enormous. Some parents may even attempt to dictate treatment, al-though their indulgent of the procedure is lacking. Effective communication with more challenging parents represents a chance for the dentist to go cautiously over behavior and treatment options and together fix on what is in the child's finest interests.

Practitioners have the same opinion that a good communication is important between the parent, dentist, and parent in building faith and assurance. Practitioners also are combined in the fact that valuable communication among the dentist and the child is dominant and requires spotlight on the part of both parties. Most kids react positively when their parent is in the treatment region. Infrequently, the company of a parent has a negative consequence on the required communication between the child and the dentist. Each practitioner has the accountability to establish the communication and support methods that best optimize the treatment setting, identifying his/her own skills, the capability of the particular child, and the wishes of the particular parent involved.[5-9]

Medical and Dental Experience

Children, who had negative experiences, connected with prior hospital visits or, dental visits, or medical treatment could be more anxious regarding dental treatment. While taking medical history, it is important to enquire the parents about earlier treatments and the child's reaction to them. This would recognize possible anxiety-related behavior, and permit the dentist to adopt suitable behavior management techniques.[10]

THE DENTAL TEAM

The entire team has an active task to play. In beginning get in touch with the receptionist, who can relieve parental concerns with a confident approach; the chair-side assistant can give an helpful role in assisting the dentist in dealing with trouble behaviors the dental hygienist can offers education through proper communication with the child and parent, that be able to help the family reduce future dental disease.[11] A child's future approach toward dentistry may be determined by a series of happening experiences in a pleasant dental surroundings. Entire dental team members are encouraged to enlarge their skills and awareness in behavior guidance techniques by analysis dental literature, monitoring video pre-sensations, or attending systematic education courses.[5]

TECHNIQUES FOR BEHAVIOUR MANAGEMENT

Tell-Show-Do

Introduction of novel instruments and/or procedures can often scare kids with anxiety as they may not be alert of the intended reason of these instruments or procedures. Tell-Show-Do is a fundamental principle used in pediatric dentistry whereby the child is brings in gradually to the instrument and/or procedure, and which consists:

1. Tell: Words to explain procedures in language suitable to the level of accepting for each child
2. Show: Exhibition of the procedure in a watchfully defined, non-threatening setting; and
3. Do: Complete the procedure with no deviating from the clarification and demonstration
4. For example, when introducing the slow speed hand-piece earlier to initiating a prophylaxis, initial, discuss the sound that will be made while it is turned on, then, demonstrate its apply on his/her finger, and follow with using the hand-piece in your patient's mouth.[12]

Enhancing Control

At this point, the patient is given a scale of control over their dentists' behavior during the use of stop signals. Such signs have been shown to diminish pain during regular dental treatment as well as during injection. The stop signal, generally raising an arm, must be rehearsed, and the dentist should act in response rapidly when it is used. The technique is helpful for all patients who are able to communicate. There are no contra-indications.[13,14]

Voice Control

This technique is a controlled modification of voice volume, pace and tones, to influence straight the child's behavior. It is specified for the uncooperative or distracted patient to gain attention and observance, avoid negative behavior, and establish authority. It is not used among children

who due to age, disability, or emotional immaturity are incapable to understand or cooperate. Once the required behavior is achieved, it is waged and positively reinforced. Please appreciate, at no time is it to be interpreted as being "angry" at the child.[15]

Modeling

Assessing another parallel aged child or elder siblings having dental treatment fruitfully can have an encouraging influence (1980, Stokes and Kennedy) on an anxious child. This technique is more helpful in those aged between 3 and 5 years.[4]

Positive Reinforcement

Numbers of dental procedures require reasonably composite behaviors and actions from our patients that have to be explained and learned. For kids, this requires little clear steps. This process is named behavior shaping. It consists of a definite series of steps towards model behavior. This is most simply accomplished by selective reinforcement. Reinforcement is the strength of a pattern of behavior, mounting the probability of that behavior being exhibited again in the future. Whatever thing that the child finds enjoyable or satisfying can act as an optimistic reinforcer, badges or stickers are frequently used at the end of a successful appointment. Though, most powerful reinforcers are social stimuli, such as verbal praise, positive voice modulation, facial expression, approval by hugging. A kid centered, empathic response giving definite praise, for example, "the way you keep your mouth open its amazing" has been exposed to be more successful than a general comment such as "good boy/girl." As with TSD the use of age particular language is significant.[16-18]

Distraction

Distraction intends to move the attention of the patient's attention away from the treatment procedure. This could be in the form of cartoons, books, music or stories. An additional well standard method is for dentists to speak to patients as they work so that patients pay attention to them rather than focusing on the treatment procedure. Short-term distractions, such as pull the cheek or lip and chatting to the patient when applying local anesthesia, are also useful.[19]

Desensitization

While desensitization is conventionally used with a kid who is already anxious concerning the dental situation, its principles can be willingly utilized by pediatric dentists with all patients, in order to reduce the possibility that patients may build up dental anxiety. The child's existing anxieties are dealt with by revealing him or her to a series of dental experiences, presented in an order of increasing anxiety suggestion, systematic only when the child can admit the earlier one in a relaxed state (1958, Wolpe; 1974, Machen and Johnson). In the innovative psychotherapeutic mode, numerous sessions would be needed just to ascertain the actual hierarchy of stimuli for a client's dread while, in pediatric dentistry, a supposed progression is used. Therefore for most children a digital examination would head to the use of a mirror and probe or explorer, followed possibly by radiography, rubber cup scaling, fissure sealing and leading ultimately to local analgesia, restorations and rubber dam.[11]

Positive Stabilization

Protective stabilization involves limiting a patient's movement to decrease the risk of injury to everybody while allowing safe conclusion of treatment. Varieties of protective stabilization can be engaged ranging from a family member/caregiver holding the kid's hands to the utilize of a stabilization tool (i.e., papoose board or pedo wrap). Informed acquiesce must be obtained about the use of protective stabilization, and if a family member have a problem at any time to the use of protective stabilization, the technique is stopped up immediately. We do not utilize any stabilization plans as they have the possible to limits respirations.[20]

Hand Over Mouth Exercise (HOME)

HOME involves restraining the child in the dental chair, placing a hand over the mouth (to allow the child to hear). The nose must not be covered. The dentist then talks quietly to the child explaining that the hand will be removed as soon as crying stops. As soon as this happens the hand is removed, and the child praised. If protests start again, the hand is replaced. The technique aims to gain the child's attention and enable communication, reinforce good behavior and establish that avoidance is futile. Those who advocate the technique recommend it for children aged 4-9 years when communication is lost or during temper tantrums. Parental consent is important, and the technique should never be used on children too young to understand or with intellectual or emotional impairment.[21-23]

Sedation

A variety of medications can be directed to a patient in an effort to alter their consciousness stage. This does not make the child "go to snooze," but makes him/her less alert of what is happening and afterwards, not as anxious or fearful toward dental treatment. There are a number of levels of sedation that can be achieved, but since every child is dissimilar, these levels are rather difficult to predict. There are also numerous requirements that have to be met before sedation can be an effective management option.[15]

General Anesthesia

General anesthesia is an inhibited state of un-consciousness escort by a loss of protective impulses, including the

capability to maintain an airway separately and respond decisively to physical stimulation or verbal instruct. The use of common anesthesia sometimes is essential to provide class dental care for the child. Depending on the patient, this can be done in a medical hospital or an ambulatory setting, counting the dental office. Prior to the application of general anesthesia, proper documentation shall address the foundation for use of general anesthesia, informed authority, instructions provided to the parent, dietary precautions and preoperative health evaluation.[24]

Nitrous Oxide/Oxygen Inhalation

Nitrous oxide/oxygen inhalation is a secure and useful technique to decrease anxiety and develop effective communication. Its onset of action is quick, the effects simply are titrated and reversible, and improvement is fast and complete. As well, nitrous oxide/oxygen inhalation intervene a variable amount of analgesia, gag reflex reduction and amnesia. It requires to diagnose and treat, as well as the protection of the patient and practitioner, have to be measured before the use of nitrous oxide/oxygen.[25]

CONCLUSION

Behavior management is broadly agreed to be a key factor supplying dental care for children. Certainly, if a child's behavior in the dental surgery/office cannot be managed then it is not easy if not unworkable to hold out any dental care that is needed. It is essential that any approach to behavioral management for the dental child patient have to be rooted in compassion and a worry for the well-being of each child. A wide diversity of behavioral management techniques are existing to pediatric dentists who must be used as suitable for the profit of each child patient, and which, significantly, must take into account all cultural, legal and philosophical requirements in the country of dental practice of each dentist concern with dental care of children.

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How to cite this article: Singh H, Rehman R, Kadtane S, Dalai DR, Jain CD. Techniques for the Behavior Management in Pediatric Dentistry. Int J Sci Stud 2014;2(7):269-272.

Source of Support: Nil, **Conflict of Interest:** None declared.