

# BEHAVIOR MANAGEMENT CARE AT THE CHILDREN'S DENTAL CENTER

Children all react differently to dental treatment. Many can cope with treatment and follow verbal requests. Some, especially young children, require specialized techniques to help them to cooperate and cope with dental treatment.

The following are techniques that Dr. Wade or Blaha and the staff may use to help your child to have a successful treatment experience.

- These techniques are based on *scientific principles from the American Academy of Pediatric Dentistry*.
- Goals: *Establish Communication, Decrease Anxiety, Deliver Quality Dental Care and Build a Trusting Relationship Between Child and Dentist*.

## TYPES OF BEHAVIOR MANAGEMENT

- **Tell, Show, Do:** Explaining, showing and then demonstrating a procedure about to be performed before its actual use to decrease a child's anxiety about it by giving them control that comes with knowing what is going to happen.
- **Positive Reinforcement:** Giving positive verbal feedback or other positive cues or rewards to increase the occurrence of positive and cooperative behaviors.
- **Distraction:** Directing the patient's attention away from what he/she may perceive as unpleasant. The goal is to increase comfort and to avoid negative behavior. (WE DO A LOT OF THIS HERE. MOVIES, HEADPHONES, TALKING KINDLY, ETC.).
- **Parental presence or absence:** This technique involves the use of the presence or absence of the parent in the treatment room to gain attention, cooperation and compliance. Typically the parent is asked to leave the room to give the child a reason to cooperate (to earn the parent coming back into the room) and/or to enhance the communication between the dentist and staff and the child.
  - **If a child's attention is diverted from essential directions from the Doctor by attention to their parent, the parent may be asked to leave the room so that the child and Doctor may concentrate on each other.** Children may try to induce their parent to "rescue" them from the dental treatment, not understanding that it is to help them. This puts the emphasis on the struggle between parent and child and NOT on the procedure and the directions of the Dentist to the child where the focus should be. It also puts parents in an uncomfortable and unfair situation. If this is happening, Dr. Wade or Blaha may stop the process by having the parent step out of the room.  
**It is absolutely essential that your child be in close communication with Dr. Wade. While we welcome you in the treatment room with your child, we ask that you remain as an OBSERVER, mostly out of your child's sight and not to talk to your child. This allows Dr. Wade and your child to work as a team.**
- **Voice Control:** Controlled changes of voice tone and posture to influence and direct the patient's behavior. **A firm tone and urgent manner may be used.** OBJECTIVE: GAIN ATTENTION AND COOPERATION, AVERT NEGATIVE OR AVOIDANT BEHAVIOR, AND ESTABLISH APPROPRIATE ADULT AND CHILD ROLES. **NON-VERBAL COMMUNICATION AND VOICE CONTROL ARE USED TOGETHER.**