



BEHAVIOR MANAGEMENT TECHNIQUES

We do our best to give your child the best quality dental care in a safe and caring environment. Parents are welcome to accompany their child into the treatment area during the initial examination. This gives you the opportunity to see our staff in action and allows our doctors to discuss dental findings and treatment needs directly with you. There may be times when a child's experience is enhanced by a parent's absence. We encourage older children to come back to the treatment area by themselves as this builds autonomy and trust. Children over 3 years of age typically do better without a parent present during an operative (filling) appointment. Also, older children who are very apprehensive may look for an "escape" by going to their parents. In this case, we may ask that a parent wait in the reception room during treatment in order to facilitate a more direct line of communication between your child and the doctor. We do ask that if you accompany your child you assume the role of a silent observer. **Your presence is greatly enhanced if you play a passive role.** If more than one person is speaking to the child they may become confused. Cooperation and trust must be established directly between the doctor and your child and not through you. We also ask that siblings remain in the reception room.

Every effort will be made to work with your child to gain cooperation through understanding, gentle guidance, humor, and charm. When these fail, there are other management techniques that can be used to eliminate or minimize disruptive behavior. Our doctors and staff have received extensive training in the following techniques accepted by the American Academy of Pediatric Dentistry:

Tell, Show, Do: The doctor or a staff member explains to the child what is to be done, shows an example on a tooth model or on the child's finger, and then the procedure is done on the child's tooth. We tell children in simple terms what is going to be done. For example, a dental exam becomes "looking and counting your teeth". A dental prophylaxis and cleaning becomes "brush and tickle your teeth". We encourage you to use these terms when talking to your child about their dental experiences.

Distraction: Sometimes it is necessary to distract your child from an unpleasant sensation by focusing his/her thoughts on something other than what is being done.

Positive Reinforcement: Rewards the child who displays cooperative behavior with complements, praise, a pat on the shoulder, or a small prize.

Voice Control: The attention of a disruptive child is redirected by a change in the tone and volume of the doctor's voice.

Restorative Related Procedures: Almost all procedures to repair teeth involve the use of the dental handpiece, which many people think of as the "drill". We refer to it as the "Power Washer" and the slow speed handpiece as the "Tooth Polisher". The sensations these instruments produce will be introduced to your child in a non-threatening manner. A rubber dam or "rain coat" is sometimes used to isolate the teeth being repaired. This helps keep saliva away from the tooth, protects the soft tissues of the mouth and keeps unfamiliar tastes out of your child's mouth. A mouth prop or "tooth pillow" is a padded device that is placed in the mouth during restorative procedures to prevent closure of the child's teeth on the doctor's finger or dental equipment.

Local Anesthesia: Most restorative procedures require the use of local anesthetic. We grew up calling it "novacaine". Please avoid using words such as "shot, needle or injection". We never use these words around children. A topical anesthetic is used to help numb the soft tissue at the injection site. The child is told we are going to "jiggle their cheek while we put their tooth to sleep with a spray."

Nitrous Oxide: Medication breathed through a colored/flavored nose mask to relax a nervous child. The child remains awake but is relaxed and calm. Nitrous oxide is also known as laughing gas. Children with sensitive stomachs may become nauseated when breathing nitrous oxide.

Hand and /or Head Holding by Dentist or Assistant: An adult keeps the child's body still so the child cannot grab the doctor's hand or sharp dental tools. This technique is used only if patient is at risk for hurting his/herself.

Stabilization Wrap: A body wrap made of fabric mesh and velcro that is placed around the child to limit movement and protect them from grabbing sharp dental tools. It is not used routinely and is only used with written consent by the parent. *Our doctors always request that a parent be present with this technique.*