

# Newer Behaviour Management Techniques in Children

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## Abstract

Children are not miniature adults. They should be treated as a different entity and not just as adults who are shortened. Children have their apprehensions and fear. The most commonly encountered is the fear of the unknown. This is something that is innate, inborn. Fear of dentistry is there in every individual, whether young or old. This is mostly subjective. Children show exaggerated fear for dentistry as this is something new to them. The pediatric dentists are trained in behavior management for reducing fear. There have been many method, both pharmacological and non-pharmacological for behavior management in children. But with changing times, we know that Child's behavior has also undergone a sea change. Here we discuss some newer behavior management techniques, recently introduced and included in our guidelines.

**Keywords:** Behaviour management, Children, Newer, Pediatric dentistry.

## Introduction

Pediatric dentists are expected to identify and effectively treat dental diseases of children that are within the knowledge and scope acquired during their professional studies. Effective and efficient treatment has to be provided to the child and for that, the parents also have to understand their roles.<sup>1</sup> Behaviour guidance should be done and this means that inappropriate behavior has to be converted to appropriate behavior within the societal norms with the help of empathy and learning. The main idea behind behavior management by pediatric dentist is to gain the confidence of the parents and the child. Its always better to know the scientific basis of implementation of any behavior management technique and also to look into cultural sensitivities, tolerance level, flexibility in a child and parent before applying any of these method.<sup>2</sup> Children are not miniature adults. They should be treated as a different entity and not just as adults who are shortened. Children have their apprehensions and fear. Behaviour management should never be used as a punishment or assertiveness for a child.<sup>3</sup> All the method which are to be used to tame the child should be age and gender appropriate. The pediatric dentists have to realize the potential of the child and then try to implement any behavior management technique for that particular child. In short, it has to be

customized, following the child in the present scenario.<sup>4</sup> We know that the parenting method have changed a lot in recent times. The old pattern of parenting is not to be seen nowadays, with nuclear families or single parents. Behavior management also has seen some changes.

**The Newer Method:** Before applying any type of behavior management technique on the child for making them cooperate, we have to assess the child as well as assess the parental influence on the child.

### Basic behavior guidance method:

- (a) **Communication and communicative guidance:** The appropriate use of communication and commands have been used since a long time for both cooperative and uncooperative children. Always try to make the patient comfortable with verbal and non-verbal communication skills. Encourage the child to talk with you what he wants to, to reassure them that they are in good hands. We try to develop a student-teacher relation with the patient. The pediatric dentist role is as a facilitator. Once a rapport has been established, the talks can become minimal and related to procedure only.<sup>5</sup>
- (b) **Positive pre-visit imagery<sup>6</sup>:** The child patients are shown positive pictures or images of dentistry and

dental treatment before the procedure starts. It can also be shown at their homes before even visiting the clinics. The objective of this is to provide the children and parents with visual information of what to expect from the pediatric dentists. It also provides the children with a chance to ask questions to the dentist about the procedure if they come to know about it before visiting the dental clinic.

- (c) **Ask-tell-ask<sup>7</sup>**: This technique involves enquiring about the child's visit and feelings toward or any planned procedures (ask); explaining the procedures through appropriate demos and non-threatening language, appropriate to the understanding level of the patient (tell); and again enquiring if the child understood and how he feels about the impending treatment (ask). If the child still has apprehensions about the procedure, the dentist can again explain the procedure.
- (d) **Memory restructuring<sup>8</sup>**: Memory restructuring is a behavioral management approach in which memories associated with an unpleasant or difficult event (e.g., first visit, local anesthesia, restorative procedure, extraction) are restructured into positive memories using information suggested after the event has taken place. Restructuring involves four parts: (1) visual reminders; (2) positive reinforcement through verbalization; (3) concrete examples to encode sensory details; and (4) sense of accomplishment. A visual reminder can be a photograph taken in the dental office. Positive reinforcement through verbalization can be to ask the child to tell his/her parents about what good behavior she showed at the dental clinic. Concrete examples could be to show how she followed the commands given by the dentist at the operatory and in doing so she can open her/his mouth wide open as he/she did in the dental chair, which will lead them to be set an example of self-accomplishment. The objectives here are to fade out the negative memories of difficult dental visits and only remember the good times.
- (e) **Descriptive praise<sup>9</sup>**: This is a type of positive reinforcement. Here the pediatric dentist praises the child for a particular behavior. (eg-thanks for sitting still, you are doing a great job by opening your mouth so big.) Rather than general praise as 'good job or well done.'

### **The objective is to reinforce good behavior:**

- (e) **Teach back<sup>10</sup>**: In this method, the pediatric dentists or their attendants ask the patient to teach them what they have learned when he/she was given a behavior management technique demonstration. This is done in less literate people or those who can't remember much. The dentist asks them to demonstrate what they have seen, if the patient can't they repeat it for the. Eg-can you demonstrate to me how to floss your teeth.
- (f) **Motivational interviewing<sup>11</sup>**: Motivational interviewing tries to change the behavior of the patient by helping them to change. This method does not reinforce change but utilizes the autonomy of the patient so that their self-confidence is increased. The motivational interviewing puts the onus on the patient to change. The method included are OARS (Open-ended questions, affirmations, reflective listening, summarizing). This is useful in patients who are showing more anger, resistant to changing behavior.
- (g) **Treatment Deferral**: Dental problems are rarely life-threatening and sometimes in unprecedented conditions like the present COVID-19 situations, these also can be deferred. The emergency treatment can be rendered to alleviate the pain but maximum restraint is required to defer the treatment to a more suitable time frame. Sometimes treatment has to be deferred when suddenly a cooperative child becomes uncooperative and hysterical when getting treatment done. Caries risk assessment has to be done in each patient before the treatment can be deferred. The oral hygiene measures have to be told to the patient and the parents. An individualized preventive program, including appropriate parent education and a dental recall schedule, should be recommended after evaluation of the patient's caries risk, oral health needs, and abilities.<sup>12</sup>

**Advanced Behavior Guidance: Sedation:** As a pediatric dentist we must decide what is acceptable behavior from our young patients. The decision will depend on our personality, experience, and philosophy. Having defined the acceptable behavior, for ourselves, we can then plan to modify the unacceptable behavior to an acceptable one. The judicious plan of conscious sedation has a place in pediatric dentistry but it is most often abused without trying the nonpharmacological means. Conscious sedation is often to be used for longer

procedures for apprehensive and nervous patients. This can also be used for uncooperative and abusive children but it does not teach the children to behave properly when next they are to be taken for dental treatment. The pediatric dentist must establish the frequency of use of these sedation drugs so that he does not have to use the same drugs over and over again. Sedation is a very safe and efficient modality to decrease anxiety and increase effective communication. The onset of action is fast, the effects easily can be titrated and reversible, and recovery is rapid and complete. Also, the nitrous oxide/oxygen inhalation mediates a variable degree of analgesia, amnesia, and gag reflex reduction. The need to diagnose and treat, as well as the safety of the patient and practitioner, should be considered before the use of any kind of sedation.<sup>13</sup>

**2. Protective stabilization:** There are times when the child has to be restrained and this is a matter of deep concern for parents, staff, and the treating dentist as it becomes inhumane. The broad definition of restraining means to limit the movement of the patient without his consent. The restraining can be done with the help of devices, another person, or a combination of both. This method can harm the patient physically and psychologically. The dentist should use the safest and least invasive method available for stabilization. The decision to use protective stabilization depends on on-patients emotional development, alternative behavior management guidelines, dental needs of the child, whether the quality of treatment is being hampered, medical condition of the patient. This method needs an informed consent to be taken from parents. If still the child cannot be managed, the child has to treated under sedation or general anesthesia. The proper documentation of the stabilization has to be done always-why was the method used, the condition of the child, the type of restraining device used, consent taken or not.<sup>14</sup>

### Conclusion

The children have to be dealt with in a proper way when it comes to behavior management. All the method have to individualized according to the patient demands. The basic method have to be applied first and gradually going for advanced method.

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