Non pharmacological behaviour management techniques in children
Objectives of session

• Discuss different techniques of behaviour management.
• Discuss communication and interviewing skills.
• Discuss the types of fear manifested by a child and the clinical approach to successful management.
• Discuss the use of aversive techniques (when and why) to manage the disruptive child.
Introduction

- A major source of stress for dental practitioners is 'coping' with the child patient.
- To provide dental treatment successfully for a child, the behaviour of that child must be understood. This requires spending time with both the child and the parent.
• Knowledge of the growth and developmental stages of children will aid in understanding the child as well as given some idea of what type of behaviour to expect at specific ages.
• Non pharmacological techniques are also called behavioural management techniques.
• These techniques are appropriate for use in children in the latent period of psychological development (4 years to 8 years) and children classified as cooperative (9 years and above).
Non pharmacological techniques used in managing a child’s dental anxiety can be divided into preventive approaches or treatment approaches.
Introduction - 5

- Its use are highly more successful in children with mild to moderate levels of anxiety.
- For children diagnosed with high levels of anxiety, management approaches may be better augmented with pharmacological management techniques.
Introduction -6

- Successful use of behavioural management techniques often results in cultivation of a dentist friendly patient who can effectively manage their free of fear and anxiety about dental care.
For good outcomes, it is important that a diagnosis of dental anxiety or fear in the child be made during the first dental visit. This helps one to identify the appropriate technique to use for the child’s management.
Secondly, it is important to identify the coping mechanism of any child as the success of use of techniques would equally be affected by the coping mechanism of the child.
• A child who copes using blunting technique would communicate little and would feel more anxious when there is a lot of information exchange.

• A child who is a monitor communicates a lot and feels less anxious when given a lot of information about treatment procedures.
Better results are often achieved when multiple non-pharmacological techniques are combined for use. This is because each technique addresses various cognitive aspects that inform the child’s response to an anxiety-provoking stimuli.
Introduction - 11

• The outcome of management with the use of the techniques are equally better with experience.
Principles of behaviour management

- Do not be nervous as children can sense your nervousness and then they become nervous.
- Make positive suggestions to the child when giving instructions eg ‘I want to treat you’ NOT ‘Do you want me to treat you?’
Principles of behaviour management - 2

• Suggestions is a process by which an attitude to some idea is communicated to the child. It helps the child process information for subsequent action.
• For positive attitudinal outcomes, positive suggestions are important.
• For suggestions to be effective, it is important that the giver of the information (dentist) is confident.
• Confidence helps to ooze a sense of authority and helps the child understand that the dentist is in charge.
Principles of behaviour management - 4

- The suggestion must be frequently repeated as this helps with reinforcement.
- Do not be forceful when treating a child. Give the child some time to adjust. Do not be in a hurry.
Principles of behaviour management - 5

• Do not break promises made to the child. This does not help the child to learn to trust you. For example, do not promise the injection would not be painful when you know it will.
Principles of behaviour management - 6

- Praise the child during the course of treatment. Find characters in the child worthy of praise eg the manners, shoes, clothes etc.

- Ignore negative behaviours. Reinforce and encourage positive behaviour from the child.
Effective communication

• Good communication is essential to win a child’s confidence.
• Three essential element for effective Communications are the source (dentist), the medium (the dental office or clinic), and the receiver (the child patient).
Effective communication - 2

For communication to be effective:
• The dentist should be, empathetic and friendly
• The dental office should look familiar and appealing
• Patient should be comfortable physically and mentally
How to reinforce behaviour

• Use nonverbal communications cues such as appropriate eye and body contact, proper posture and appropriate facial expression.

• Non verbal cues enhance the effectiveness of other communicative management techniques and gains or maintain the patient’s attention and compliance.
How to reinforce behaviour - 2

Voice control

• A controlled alteration of voice volume, tone or pace to influence and direct patient’s behaviour.
• Aims to improve attention and compliance as well as to establish authority.
• Used to gain the patient’s attention and compliance.
How to reinforce behaviour - 3

• Use nonverbal communications cues such as appropriate eye and body contact, proper posture and appropriate facial expression.

• Non verbal cues enhance the effectiveness of other communicative management techniques and gains or maintain the patient’s attention and compliance.
1. **Tell-show-do**: This technique was described by Addleston in 1942. It is still highly relevant today. This means you inform the child about what you want to do (describe the procedure in a language the child can comprehend), show/demonstrate to the child what you want to do, then do what you want to do. This technique is effective for ‘monitors’.
2. Positive reinforcement and coaxing – Positive behaviours are rewarded and negative behaviours are ignored. This strengthens a pattern of behaviour and increases the probability of that behaviour being displayed again in the future. Dentists can praise the child, use non-verbal cues like smiles, nods, hugging, and rewards like tokens and toys.
3. **Empathy** – question for feeling of pain and acknowledge the feeling of pain. Assure the child both verbally and non verbally. The use of signal mechanism during this procedure facilitates a two way relationship with the child.
4. **Physical contact** – patting and stroking the child. This helps in reassuring the child BUT this may have a negative effect in children from the low SES as many are threatened by strangers and such contacts may connote an attempt to assault.
5. **Distraction** – this is important during invasive procedures. This involves non dental conversation with the child eg counting. This shift the patient’s attention from the dental setting to some other situation, or from a potentially unpleasant procedure to some other action. It helps to decrease the perception of unpleasantness and avert negative behaviour.
6. **Enhancing control:** Patient is given a degree of control over their dentists through use of a stop signal such as raising an arm. The dentist should respond quickly when it is used. Appropriate for all patients who can communicate.
Dental fear treatment techniques

1. **Desensitisation** – expose the child to dental procedures gradually starting with the least invasive and graduate to exposing the child to whatever causes the dental fear. It is a time-consuming procedure but rewarding. The dentist only allows the child to take enough (s)he can cope with.
2. **Modelling** – the child is made to observe another child (of similar demographic features such as age) undertaking a dental procedure (especially a treatment similar to the one the child is about to undertake). This can also be done using video taped sessions of a cooperative child.
Treatment - 3

3. **Restraint** – this entails holding the child down in the chair. Restrain is not recommended for anxious children. It is best used for children who thrown temper tantrums.
Treatment - 4

- In anxious children, restraining the child may help get the child introduced to the procedure. However, when the child gets familiar with procedure, the children should be released and allow the freedom to cooperate willingly. This technique should be an option of last resort in anxious children.
Quiz 1

Factors that could influence child behaviour include the following:

a. Personality of dentist
b. Parental influence
c. Age
d. Location of the dental clinic
e. Past dental history
Desensitization involves the following:

a. Training the patient to relax
b. Modelling the desired behaviour
c. Reinforcement of required behaviour
d. Introducing patient to a constructed fear hierarchy producing stimuli related to the patient’s principal fear in turn to the relaxed patient
Quiz 3

Behaviour modification techniques include the following:

a. Tell show do
b. Modelling
c. Sedation
d. Hypnotic
Acknowledgement

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