Objectives of treating a child patient

- Perform the necessary task(s)
  - Efficiently
  - Safely

- Instill positive attitude towards the dental team and oral habits
How can this be accomplished?

- Pharmacological techniques
  - Sedatives
  - General anesthesia

- Non-pharmacological techniques
  - Restraint
  - Behavior Management
Behavior Management Techniques

- Humour
- Distraction
- Communication
- Positive reinforcement
- Adverse reinforcement
  - Voice Control
  - Parental Absence
Communicating with Kids

- Effective communication with children is critical for gaining the child’s cooperation to receive dental care

1. Tell-Show-Do
2. Descriptive praise
Communicating with Kids

- Effective communication is a primary objective
- Communicate in two basic ways:
  - *Verbally*: using therapeutic communication skills, as well as talking about school activities, pets, articles of clothing, children’s television programs, books, sports, etc.
  - *Non-verbally*: holding young child in lap; touching tenderly, smiling approvingly
Tell-Show-Do is the classical model for communicating with children in the dental environment.

It is essentially a “behavior shaping” strategy.
Tell

- TELL
  - Before
  - During
  - After
- TELL... using euphemisms (substitute language)
- Be honest in your TELLing!
Show

- SHOW (demonstrate) the child what will happen, how it will happen and with what equipment

- That being said, it is NOT wise to SHOW fear-promoting instruments

- Remember the multi-sensory perspective in SHOWing: children can HEAR, SEE, TOUCH, TASTE and SMELL
Do

- DO what you said you were going to do
- DO it in the manner you said you were going to do it
- As you DO it, continue to TELL the child what you are DOing
- DO NOT DO until the child has a clear awareness and understanding of what you are going to DO
- DO it expeditiously!
Do NOT use global terms of evaluation. Avoid using words like great, good or wonderful as in “you’re being good.” ... and certainly negative and derogatory judgments such as “you’re being bad”.

RATHER, think about what is happening with the child that makes you want to say, “Your are being good!”

Describe the conditions present that invite you want to say it. As a result, you are defining what good means which is a much more meaningful way to praise.

ALLOW the child to form their own evaluations of their behavior following treatment

ALWAYS look for opportunities to acknowledge correctness.
“When children are in the midst of strong emotions, they cannot listen to anyone...they want us to understand what is going on inside of them—what they are feeling at that particular moment. Only when children feel right can they think clearly and act right. Strong feelings do not vanish by being banished.”

Haim Ginott
Questions?