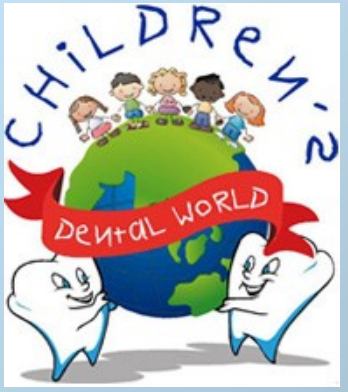
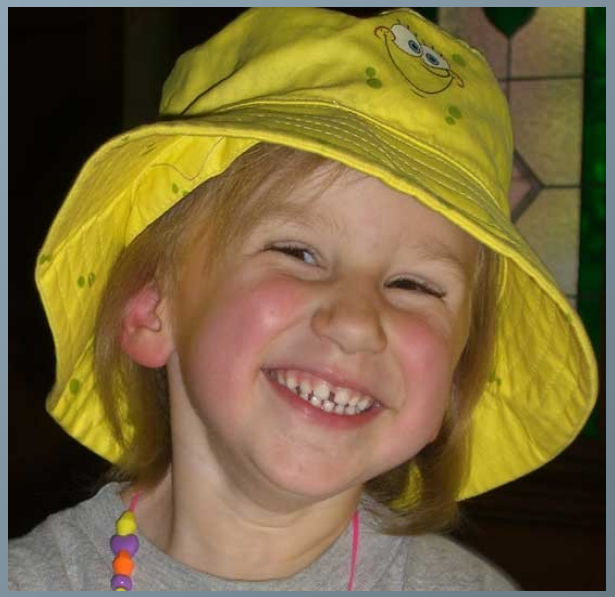


Behaviour Management

Nora Abozena

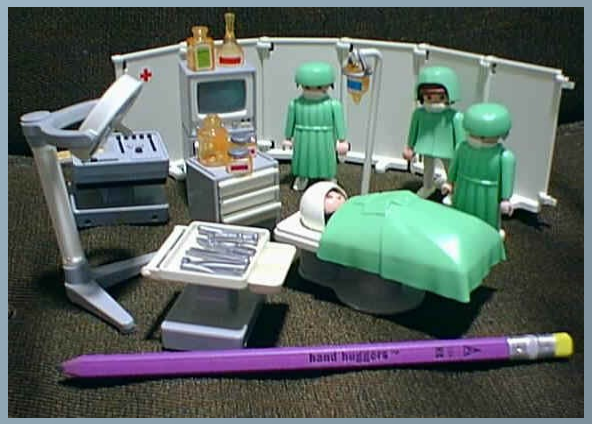
Objectives of treating a child patient

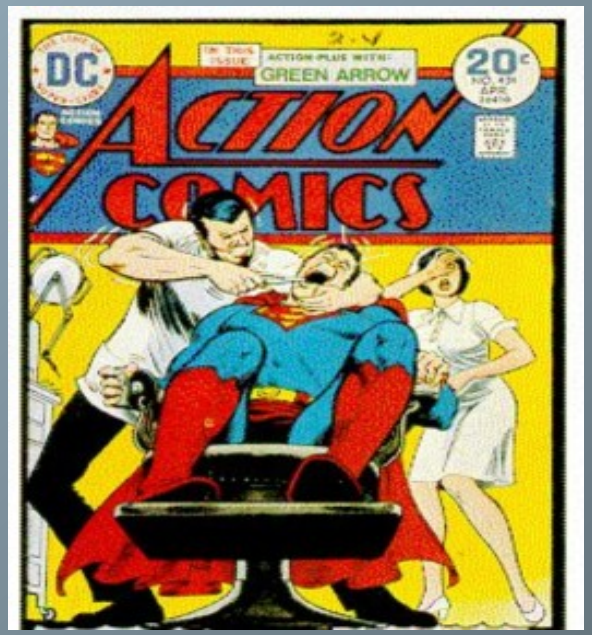
- Perform the necessary task
  - Efficiently
  - Safely
- Instill positive attitude towards the dental team and oral habits



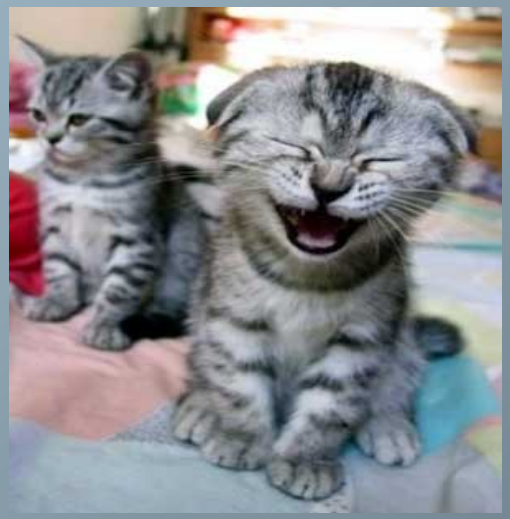
How can we do this?

- Pharmacological techniques
  - Sedatives
  - General anesthesia
- Non-pharmacological techniques
  - Restraint
  - Behaviour Managment





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. **Reflective listening**
  3. **Self-disclosing assertiveness**
  4. **Descriptive praise.**

- **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, muppets**
  - ***non-verbally*: holding young child in lap; touching tenderly, smiling approvingly**

Tell Show Do

- ***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.**
- **But, 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!**

Between Parent and Child

"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

Reflective Listening

- **Dentists are in a therapeutic relationship with a child that has strong emotional overtones.**
- **Whereas adults have been socialized to conceal their emotions in receiving oral health care, children express, either verbally or behaviorally, their feelings.**
- **All too often we want to deny their feelings, rather than accept them.**
- **It is critical that we acknowledge and accept children's feelings in the context of gaining their cooperation in being cared for.**

- Accepting, respecting, and empathizing with feelings does not suggest that what children feel can be translated into unacceptable behaviors.

- All feelings should be permitted, but certain behaviors are limited.

- *"I can see you are upset, but remember our rule—hands must stay in the lap."*

- Acceptance of children's emotions permits them to develop the sense that their feeling are not all that strange.
- The fact that the dentist understands, appreciates and respects the internal emotional struggle taking place is truly empathic.
- Such acceptance sets the stage for being a powerful helping agent for the child.
- Feelings must be addressed before behavior can be improved.

Child: *"I'm scared."*

Dentist: *"I understand. Sometimes new things are scary. It is okay to be scared. Sometimes I am scared of things I do not understand or things I have not done before."*

- The dentist might go on to explain, s/he will "tell" and "show" before doing. (*Tell.Show.Do*)

A crying child is brought to the treatment area.

Dentist: *"I see one of my little friends who really looks upset. I'll bet you did not want to come to see me today."*

- ***Reflective*** or ***active listening*** children's feelings has the positive effect of reassuring children that what they are going through is a normal part of the human experience. It permits children to 'own' their feelings, thus respecting their autonomy.

Ways to Acknowledge Feelings

1. Listening quietly and attentively.
2. Acknowledging the feeling with a word: *Oh … mmm … I see.*
3. Giving the feeling a name: *"It sounds like you are really **nervous** about coming to see me today."*
4. Granting in fantasy what cannot be given in reality: *"I really wish I could make those scary feeling go away." or, "Wouldn't it be great if we didn't have to fix this tooth today!" I really wish we could be out on the playground—we could have great fun playing basketball together."*

- Reflectively verbalizing the feelings a child is experiencing can facilitate a positive relationship with the child.

- If a child enters the treatment area smiling and at ease, such non-verbally expressed feeling can be acknowledged by words like: *"You look **happy** to be here today. I am really glad to see you."*

- If the child enters the treatment with a negative demeanor the dentist could say: *"You look unhappy about coming to see me today. I'll bet you would rather be home! Today we are going to count your teeth and take some pictures."*

- With this approach the dentist not only acknowledges the child's feelings but also begins to alleviate fears about what will be accomplished.

- Taking a young child in one's lap and holding him/her, or tenderly reassuring the pats on the shoulder, arm or hand acknowledges understanding.
- The **power of touch** is widely acknowledged in the literature.
- The tone and modulation of the voice, coupled with appropriate facial expressions, can express understanding, care and empathy.

Gaining Cooperation Through Self-Disclosing Assertiveness

- ***Self-disclosing assertiveness*** permits the dentist to confront a child's lack of cooperation without employing these so called "roadblocks to communication."
- Note that all of the attempts to gain cooperation by employing the roadblocks cited call attention to the child and all emphasize the word ***you***.
- "*It's **your** fault." "**You** are being bad." "If **you** don't ..." "**You** stop that right now." "Don't **you** ..." "Why can't **you** ...?" "**You** sure are being helpful." (*sarcastically).

You Statements

- Impugn the child's character.
- Deprecate the child as a person.
- Shatter the child's sense of self-esteem.
- Underscores the child's inadequacies.
- Casts judgment on the child's personality.
- *They are all 'put downs' to which the child can object and take issue.*

I Messages

- The key to gaining cooperation by being assertive is to understand that assertiveness is self-disclosing.
- Self-disclosing assertive statements begin with *"I."*
- Self-disclosure improves a dentist's personal self-awareness of what is required.
- Self-disclosing *"I Messages"* state explicitly to children what is required to be cooperative.
- They enable the dentist to be honest and clear with the child regarding the dentist's needs and expectations.

Examples of "*I* Messages"

- "I see hands that are not in the lap."
- "I cannot see the teeth when the mouth is closed."
- "I cannot spray sleepy water on the teeth when the mouth is closed."
- "I don't enjoy working when there is so much noise."
- "I see teeth with lots of plaque on them."
- "I sure become discouraged when I see plaque on the teeth after I have worked so hard to teach how to brush and floss properly."
- "I'm concerned that this crying will disturb the other boys and girls."
- " I need the hands to stay in the lap."
- "I need the mouth opened really wide to see those back teeth."

I Messages

- Sending *"I Messages"* is more effective in influencing children to modify unacceptable behavior than using "roadblocks to communication" that focus on "You Statements."
- *"I Messages"* are much less likely to provoke resistance and rebellion.
- Communicating to children the effect their behavior is having is far less threatening than to imply there is something bad about them because they are engaged in the behavior.
- Consider the difference:
  - ✓ *"Ouch! That really hurt me!"*
  - ✓ *"Ouch! That is being a very bad boy. Don't you dare ever bite me or anyone else like that again."*

Engaging Cooperation

1. ***Describe*: describe what you see, or describe the problem. *"I have trouble doing my job when the mouth keeps closing."***
2. ***Give information*: *"When you open your mouth really wide, I can see to put the rubber raincoat ring on the right tooth."***
3. ***Talk about YOUR feelings*: *"I am really frustrated because I can't spray sleepy water on teeth I can't see."***

Praise

1. **DO NOT use global terms of evaluation. Avoid <u>great, good, wonderful,</u> as in *"you're being good."*…and certainly negative and pejorative judgments such as *"you're being bad."***
2. **RATHER, think about what is happening with the child that makes you want to say, "*Your are being good!"* and rather than saying that--describe the conditions present that make you want to say it. In this way, you are defining what good means, a much more meaningful way to "praise."**
3. **ALLOW the child to form their own evaluations of their behavior.**
4. **ALWAYS look for opportunities to <u>acknowledge correctness.</u>**

"Owning The Problem"

In the dental setting (and in every human relationship) there are times when:

- **The dentist *"owns the problem;"* that is, some need of the dentist is not being met.**
- **The child *"owns the problem;"* that is, some need of the child is not being met.**
- **There is *"no problem,"* as the needs of both the child and the dentist are being met.**

- **Child is whining because doesn't want to be in dental chair; wants to be finished and with parent. But child is being cooperative so the dentist can complete the treatment.** ***THE CHILD OWNS THE PROBLEM*****.**

- **Child is comfortable, seeming enjoying the experience, and cooperative.** ***THERE IS NO PROBLEM.***

- **Child is satisfying needs, but is being uncooperative, tangibly interfering with dentist having his/her needs met of completing the treatment.** ***THE DENTIST OWNS THE PROBLEM.***

Active Listening...

is used when:

the child *"owns the problem."*

Active Listening…

- **Helps children discover exactly what they are feeling.**
- **Helps children become less afraid of negative feelings. When dentist accepts the feelings the child learns that *"feelings are friendly."***
- **Promotes a relationship of warmth between the dentist and the child. Being heard and understood is very satisfying.**
- **Facilitates problem-solving by the child.**
- **Influences the child to be more willing to listen to the dentists's thoughts and ideas.**

When the Dentist *"Owns the Problem"*

- **When the dentist is prevented from accomplishing what needs to be done, that is, the child's behavior is effectively preventing such, the Dentist *"owns the problem."***
- **At such times, the dentist must confront the child's behavior in such a manner as to change it.**
- **This is done most effectively by using *"I messages."***

Voice Intonation (Voice Control)

- Occasionally it is necessary to send a strong *"I Message"* for a child who is being particularly uncooperative, and specifically when there is a dimension of defiance in the child's behavior.

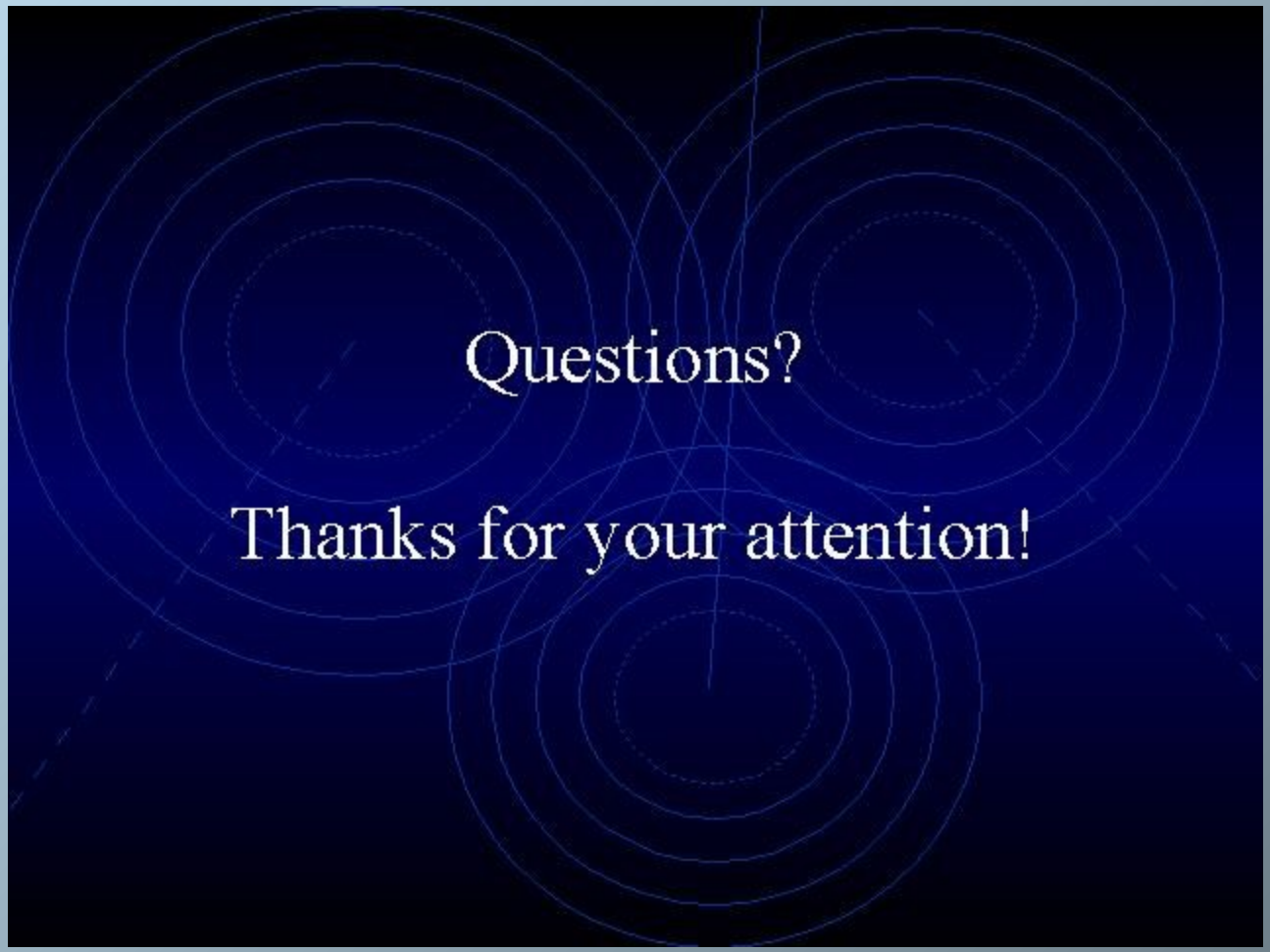
- *Three elements* of effective use of the "voice control" with difficult child: 1) voice must be raised to higher level than normal; 2) voice must reflect sternness; 3) and child must be looking directly into practitioner's face.

Summary

- **When you have a problem with the child's behavior…Send An *"I Message!"***
- **When the child is having a problem…*"Active Listen!"***
- **When neither of you have a problem, continually reinforce the child's behavior, citing tangible aspects of that behavior through *"Descriptive Praise!"***

Dentists are Professionals

- In caring for children, *"Dentists are professionals—engaging children therapeutically.*
- The care provided for improving the child's oral health must be effective, that is, therapeutic.
- In providing care, the dentist's communication must also be therapeutic, that is, communication that will result in cooperation being gained and maintained, as well as the child is being treated humanely.


Questions?
Thanks for your attention!