

Behavior Management Techniques

It is our intent that all professional care delivered in our dental operatories shall be of the best possible quality that we can provide for each child. Providing high quality care can sometimes be very difficult, or even impossible, because of the lack of cooperation from some children. Among the behaviors that can interfere with the proper provision of quality dental care are: hyperactivity, resistive movements, refusing to open the mouth or keep it open long enough to perform the necessary dental treatment, and even aggressive or physical resistance to treatment such as kicking, screaming and grabbing the dentist's hands or sharp dental instruments.

ALL EFFORTS WILL BE MADE TO OBTAIN THE COOPERATION OF THE DENTAL PATIENTS BY THE USE OF WARMTH, FRIENDLINESS, PERSUASION, HUMOR, CHARM, GENTLENESS, KINDNESS AND UNDERSTANDING.

There are several behavior management techniques that are used by pediatric dentists to gain the cooperation of young patients to eliminate disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. The more frequently used behavior management techniques employed in our practice are as follows:

1. **Tell-Show-Do**: The dentist or assistant explains to the child what is to be done using simple terminology and repetition and then shows the child what is to be done by demonstrating with instruments on a model or the child's or dentist's finger. Then the procedure is performed in the child's mouth as described. Praise is used to reinforce cooperative behavior.
2. **Positive Reinforcement**: This technique rewards the child who displays any behavior which is desirable. Rewards include compliments, praise, a pat on the back, a hug or a prize.
3. **Voice Control**: The attention of a disruptive child is gained by changing the tone or increasing the volume of the dentist's voice. Content of the conversation is less important than the abrupt or sudden command.
4. **Mouth Props**: A rubber or plastic device is placed in the child's mouth to prevent closing when a child refuses or has difficulty maintaining an open mouth.
5. **Physical Restraint by the Dentist**: The assistant restrains the child from movement by holding the child's hands, stabilizing the head and/or controlling leg movements to prevent injury to the child. This is used only when absolutely necessary during emergencies or when treatment has already been initiated.
6. **Sedation**: Sometimes medications are used to relax a child who does not respond to other behavior management techniques or who is unable to comprehend or cooperate for the dental procedures. These drugs may be administered orally or as a gas (nitrous oxide and oxygen). The child does not become unconscious. Your child will **NEVER** be sedated without your being further informed and obtaining your specific consent for such procedure.
7. **General Anesthesia**: The dentist performs the dental treatment with the child anesthetized in the hospital operating room. Your child will **NEVER** be given general anesthesia without your being further informed and obtaining your specific consent for such procedure.