



University of Medicine and Pharmacy "V.Babeș"
Timișoara
Faculty of Dental Medicine
Pedodontics Department



BEHAVIORAL MANAGEMENT IN PEDIATRIC DENTISTRY

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*Child Psychology = theoretical and practical
branch of the psychological sciences system,
opening to science education.*

- *studying the psychological implications of the
events constituting the educational realities
that accompany child development.*

Knowledge development and mental evolution, helps the practitioner to understand the reactions of children and parents, and later the opinions and bizarre behavior of adolescents.

When a child presents to treatment, the most important segments of mental development that should be pursued are:

- motor;
- verbal;
- adaptive;
- pro-social behavior;
- personality.



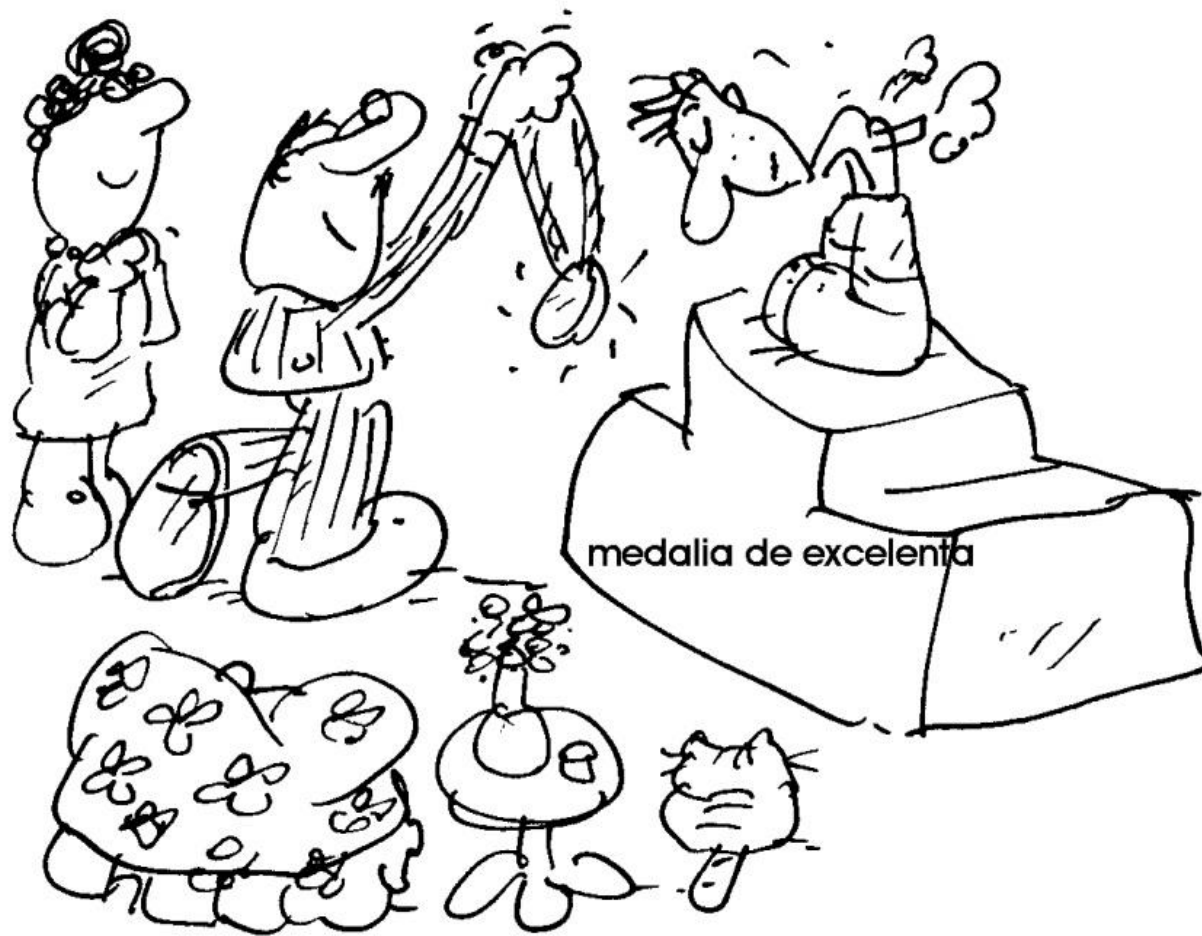
Therapeutic act can not be separated from its psychological component and the key role in establishing positive relationships pedodontics doctor returns.

Before any dental workmanship is absolutely necessary to know any child's previous experiences related to visiting the dentist.

The child attitude may be manifested by:

- *recalcitrant behavior;*
- *latent negative behavior;*
- *docility, with a tendency to "seduce" the doctor;*
- *run, as an escape from the hostile environment;*
- *regression.*





Motivation is very important!

Intellectual and emotional growth and development

Child development encompasses physical, intellectual and emotional growth, which are in constant change.

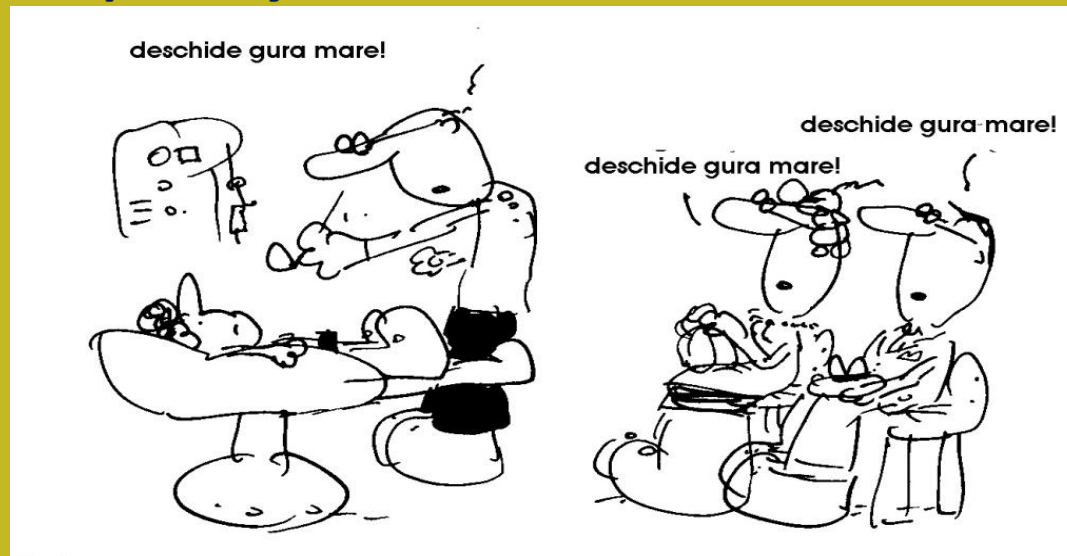
Normally the child's chronological age plays an important role in growth and development specificity. We can say with certainty that the patient's age is inversely proportional to the possibility that he refused treatment.

Some head injuries (pre- or postnatal illness or injury) affecting the central nervous system can influence child behavior.



Family influences

The attitude will influence the child's behavior in infancy and depends on social economic factors, cultural and ethnic. Depending on these factors, the parents' attitude ranges from authoritarian to privacy.



Family influences



Family social and economic status → impairment of teeth and the mouth hygiene.

- families with lower income or education below average:

- *tend to come to the dentist only when symptoms become severe;*
- *family members are anxious and fear of dental treatment and the children take the fear of their parents and tend to work less.*

- families with better financial status and education:

- *parents appreciate oral health → may apply preventive measures, and the children cooperate better.*

Even family problems encountered can influence the child's psyche. He feels emotional misunderstandings and can become frustrated, which would make him a difficult patient.

Medical and dental history



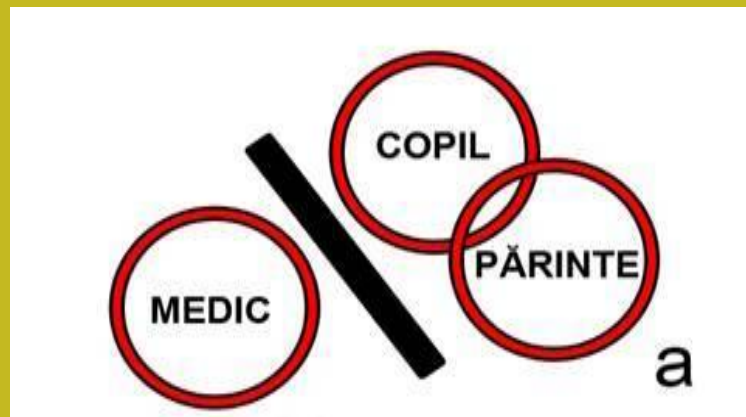
Emotional implications
arising from unpleasant past
experiences → influence patient
behavior who becomes anxious
and do not cooperate.

The dental office ambiance



In the dental office the specialist may face many situations:

- very young children, still dependent on their parents, which represents his safety. The doctor will take account of this important link and should not hesitate to examine the baby in the arms of the parent (a).



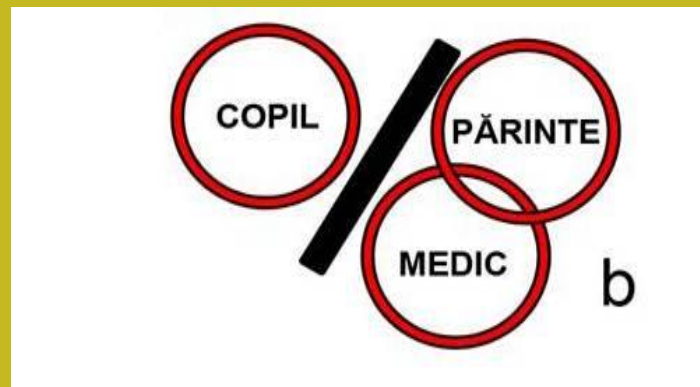
The relationship doctor-parent-child

The dental office ambiance



In the dental office the specialist may face many situations:

- a situation that must be always avoided: the child feels excluded from decisions taken by the parent-doctor dialogue; he will feel assaulted by the coalition, resulting in the absence of cooperation (b).



The relationship doctor-parent-child

The dental office ambiance



In the dental office the specialist may face many situations:

- on the contrary, from a certain age, the child wants to achieve a personal relationship with the doctor, desiring to assert his personality: such treatment will be carried out in good condition, outside the guardianship of parents (c);



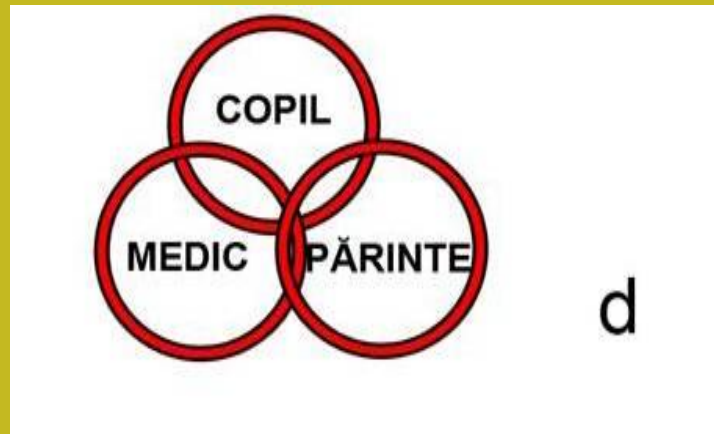
The relationship doctor-parent-child

The dental office ambiance



In the dental office the specialist may face many situations:

- ideal relationship allows those three people to find each "place" and to engage without interference (d).



The relationship doctor-parent-child

Child ages



- Baby-nurseling (the first 15 months of life)
- Infant (15 months-2 years)
- Pre-school child (2-6 years)
- Middle-aged child (6-12 years)
- Adolescent (12ani-18 years)

Child ages

Baby-nurseling (the first 15 months of life)



- new born inform about the world;
- at 5-6 months of age dental eruption occurs first teeth and he insert in his mouth any object nearby. During this period, the maternal antibodies disappear and appear the first disease;
- developing the first child anger triggered by the presence of strangers;
- negative experiences remain imprinted in his character as fear and distrust.

Child ages Infant (15 months-2 years)

Ambivalence → child would remain on the sidelines small but simultaneously would like to raise.

- *examination will be in the parent's arms and can detect incipient caries;*
- *and rotary instruments will prefer less at hand;*
- *more extensive caries (decay nipple) require more intensive treatment, which exceeds the child's behavioral capacities.*



Child ages

Pre-school child (2-6 years)



The characteristics of this age are:

- *sometimes the stories are taken seriously;*
- *creates imaginary friends;*
- *child inspects his corporeal composition, becomes more aware of itself and develops self-defense;*
- *fear now has a real basis, but also fantastic;*
- *around the age of 5, the child has a sense of time and make their projects a number of days;*
- *the notion of space has real dimensions. He will always exaggerate when asked about his house;*
- *preschool imagination frequently exaggerates dental therapy.*

Child ages

Middle-aged child (6-12 years)



- relatively non compared to the previous ones;
- now move increasingly to the permanent dentition;
- rapid mental development occurs;
- when it seeks its identity;
- the child begins to have fears both real and imaginary base;
- child understands what she sees (an anesthetic syringe is a major threat);
- It is when learning to converse, the thinking is now logical and reversible.

This is the optimal time collaboration with the patient. At this stage can help relieve anxiety with a specific motivation.

Child ages Adolescent (12ani-18 years)

Adolescence is a break in the cycle of life. The individual is no longer a child, but any adult.

Puberty = preadolescence (within 2 years):

- rapid physical growth and maturation of primary and secondary sexual characteristics;

Girls develop faster than boys initially, but they will be caught in boys in the II or III class of high-school.

- is associated with sexual maturation. The individual has changed not only physically, but emotionally. He seeks its place in the new society and prepare for the role of adult.

For the physician, *working with a teenager will be a pleasant experience*. During puberty, it can occur when the individual is a time sensitive and moody, but with patience and tact problems will be solved.



Behavior types



- correlating behavior with the diagnosis and treatment plan;
- success → how team physician-dental medical assistant relates to the child world;
- pediatric dentistry equipment;
- behavior towards parents.

Behavior types



Frankl classification:

Type I: The total negative behavior (- -)

1. The patient refuses treatment
 - immature behavior: do not understand why he needs dental treatment;
2. The patient cries intensely, and has an uncontrollable behavior
3. Extremely negative behavior associated with anxiety:
 - uncontrollable behavior: can occur in older children with mental health problems;
 - defiant behavior: passive resistance opposed by the teenager.

Behavior types



Type II: negative (-)

1. Patient with some limitation in acceptance of treatment

- immature behavior;
- timid behavior;
- suggestible behavior, under pressure from family or friends.

2. Easy negativism:

- shy child;
- querulous child;
- pre-school and middle-aged child.

Behavior types



Type III: positive (+) = patient accepts treatment

- *collaboration is good but there is still tension: the patient follows the doctor but has reservations;*
- *timid behavior;*
- *irritable behavior: can not considered negative. Some doctors consider this category as difficult to treat as it disturbs during work, others give little attention and continuing dental maneuvers.*

Behavior types



Type IV: Total positive (+)

Single Type: follow the instructions and understand the importance of prevention and treatment

Behavior types



Stage after treatment is an important stage in the doctor-patient relationship, parents, allowing it to regain the role of parents towards the child; it will be proud of what was done and showed that attitude.

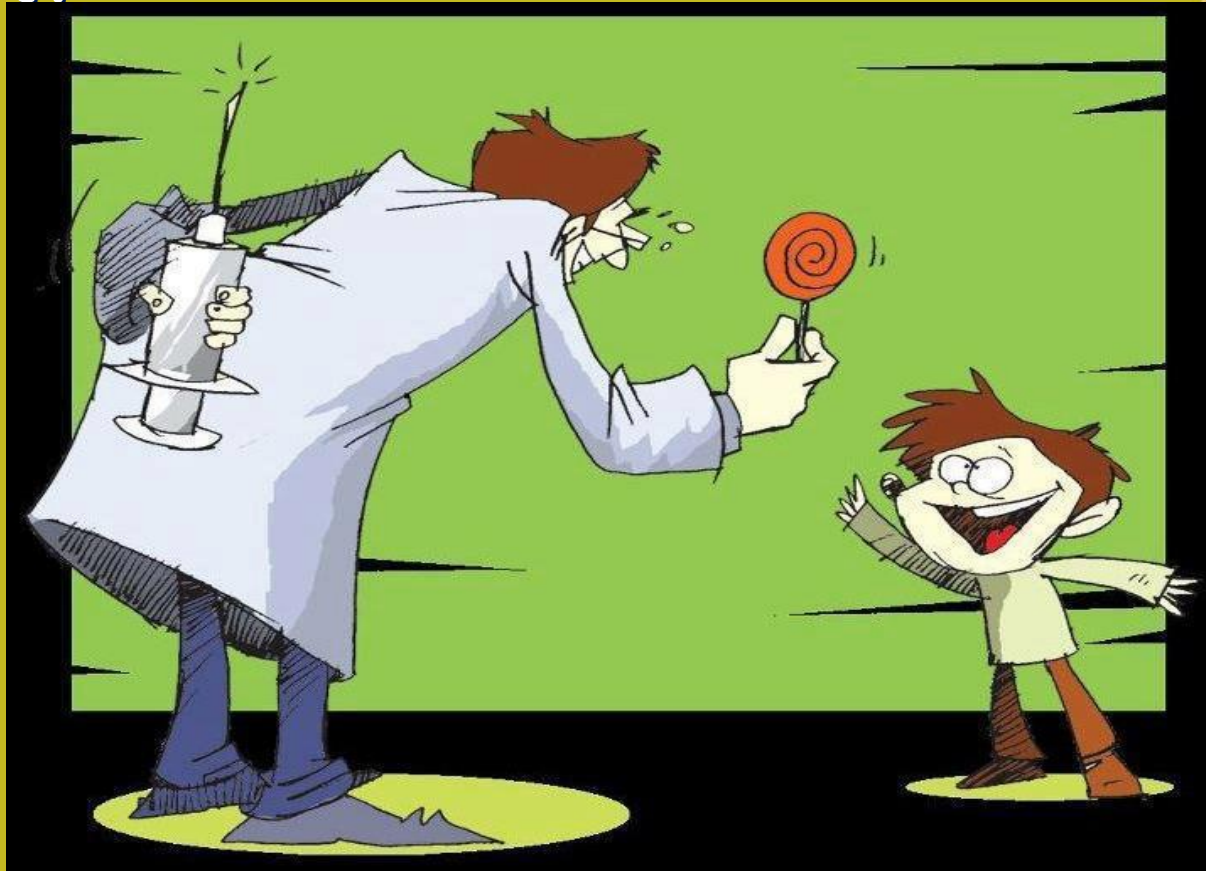
Every meeting should end in a positive atmosphere.

For the doctor to provide a guarantee to the child, it must:

- 1. know what he will do;*
- 2. explain what he will do;*
- 3. make what he said;*
- 4. to show what he did.*

Do not fool kids!

Or not?



Play them smile!

