A Study of Behavior Management

- Attitude
- Behavior
- Care

Management

- Behavior
- Pain
- Time

Oral Health Care for Infants, Adolescents and Persons with Special Health Care Needs

Behavior Guidance Techniques:

- Non-pharmacological
- Pharmacological

Tailored to:

- Individual patient
- Practitioner

Goals

- Accomplish treatment
  - Safety
  - Quality of Care

- Promote a positive dental attitude for EVERYONE!!

- Develop an educated patient and parent

Interactions

- Patient
- Parent
• Dentist
• Dental Team (non-clinical & clinical)

Children
• Child’s developmental level
• Dental attitudes
• Temperament

*Predict child’s reaction to treatment!*

Parent
• Single
• Married
• Divorce
• Death
• Personality
• Attitude toward dentistry

The Dentist
• Training: The More You Learn
• Experience: CONFIDENCE
• Personality: BE YOU!!!!
• Communicative behavior: vocalizing, directing, empathizing, persuading, giving pt. feeling of control.
• Relationships: Communication & Respect

Non-Clinical Team
• Telephone Conversations
  1st contact with new families
• Internet/Customized Webpage
• Introduction to your practice
• Brochure
First impressions only happen once!!!

Clinical Dental Team

- Allay fear and anxiety
  - Touch: Reassuring tap on arm, Handholding
  - Smile!!!!!!!!!!!!!!!!!!!!!!!!!!!!
  - Speak gently,............and carry a big sticker collection!

VERBAL & NONVERBAL

- Teach appropriate coping mechanisms
  - Deep breaths, sniff through nose

- Guide the child to be cooperative, relaxed and self-confident

TEAM = TOGETHER EVERYONE ACHIEVES MORE!!

Dental Office

- Child friendly
  - Decoration
  - Age appropriate toys/games in reception room or treatment areas
  - Smaller scale furniture

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Communication in the Dental Setting

- Dialogue
  - Dentist – Patient
  - Dentist – Parent
  - Dentist – Dental Team

- Tone of Voice

- Facial Expressions
Body Language

Dentist/Assistant & Pediatric Patient

- Communicated clearly at the beginning of a dental appointment to establish RAPPORT and TRUST
- Once a procedure begins, the dentist’s ability to CONTROL and SHAPE behavior becomes paramount and information sharing becomes secondary.

Basic Behavior Guidance

- Communication and Communicative Guidance
  - Just Talk
- Tell – Show – Do
- Voice Control
  - Tone
  - Count! 1,2,3……..
- Nonverbal communication
- Parental presence/absence
  - Silent Partner
  - ONE VOICE
- Distraction
- Positive reinforcement
  - Children love praise!!!!
  - And sometimes fall for Distraction
- Nitrous oxide/oxygen inhalation

Informed Consent

- Informing the parent about the nature, risks, and benefits of the technique to be used and any professionally recognized or evidence-based alternative techniques is essential to obtaining INFORMED CONSENT.
- All questions must be answered to the parent’s understanding.

N2O2:O2

- Safe and effective technique (conscious sedation)
  - NPO approximately 3 hours prior to dental treatment
  - Empty bladder in office restroom
- Reduce anxiety
Variable degree of analgesia, amnesia

- Gag reflex reduction
- Enhance effective communication
- Rapid onset
- Effects easily titrated and reversible
- Recovery rapid and complete

Deferred Treatment

- Dental disease usually is not life-threatening and the type and timing of dental treatment can be deferred in certain circumstances.

- AGE, BEHAVIOR & PAIN
  - ART (Alternative Restoration Technique)
  - Fluoride varnish
  - Antibiotics for infection control
  - Open and Drain Primary Tooth
  - Uncontrollable behavior

Advanced Behavior Guidance

- Protective stabilization

- Sedation

- General Anesthesia

- Before deciding to use these methods you should consider
  - Alternative behavior guidance modalities
  - Dental needs of the patient
  - Effect on the quality of dental care
  - Patient’s emotional development
  - Patient’s physical considerations

General Anesthesia Indications

- Requiring significant surgical procedures

- AGE & BEHAVIOR

- Protect the developing psyche and/or reduce MEDICAL RISK!

- Patients requiring immediate comprehensive oral/dental care

Severe Early Childhood Caries (ECC)
**Little Tips for Tot and Teens**
- First Day at the Dentist!
- First Tooth
- First Visit

**Infant Dental Examination**
- Gather Information
- Assess risk factors
- Provide intervention
- Anticipatory guidance
- Growth and development
- Dental caries
- Child’s behavior

**Infant Oral Cavity**
**Craniofacial Team Patient**
**Nice Spacing**
**Finger Brush**
**Home Care**
**Sugar is destroying our KIDS**

**Healthy Snacks**

**Keep Teeth clean & Decrease Sugar**
- Healthy primary teeth lay the foundation for healthy permanent teeth

**Rx for Good Dental Health**
- Brush effectively twice daily with a soft bristle toothbrush and fluoride toothpaste
- Floss once a day
- Seek regular 6 MONTH dental check-ups
- Beware of frequent snacking
- Have sealants applied when appropriate
- Assure proper fluoride through drinking water, fluoride products or fluoride supplements
Habits

- Pacifier
- Thumb Sucker
- Lip Licker

Parent Education

- Exam, Educate & Enhance the Experience
- Exciting/Exhausting
- Parents appreciate patience, genuine concern, explanation and time spent with their child.
- Whatever Works......Create a POSITIVE EXPERIENCE!

Why Are Dental X-rays Necessary for Children?

- Diagnosis of teeth, bone, face and jaw problems not seen during a clinical examination
- Early intervention and treatment is more comfortable and more affordable

How often should a child have x-rays?

- In general children need dental x-rays more often than adults
  - Their teeth and jaws are still developing
  - They are more susceptible to tooth decay
  - Follow American Academy of Pediatric Dentistry guidelines
  - Every child is different....x-ray examinations must be individualized for each patient

Dental X-Rays

- Detect caries
- Survey erupting teeth
- Diagnose bone disease
- Evaluate trauma
- Plan orthodontic treatment

Bitewings

- Re-take every six to twelve months in high caries rate children or medically compromised (cardiac, hemophiliac, diabetic, etc.) patients
- Re-take every twelve to twenty four months in low caries rate children
- Re-take every 18-36 months in low caries adolescents with perm. Dentition

Panoramic Films
- Developmental Facial Trauma and/or surgical procedures
- Suggested age range for pan x-ray include:
  - Age 6 – initial diagnosis
  - Age 12 – prior to orthodontic treatment
  - Age 17 – evaluate third molars

Maxillary/Mandibular Occlusal X-ray
- Trauma
- Supernumerary teeth
- Caries
- Presence of secondary teeth
- Overretained deciduous teeth
- X-ray is parallel to floor along with patient’s chin
- X-ray head at 60 degree angle touching bridge of patient’s nose
- Small children can sit on parent’s lap

KISS (Keep It Simple Solution) and Make it Better!!!

Fracture
- Crown
- Root

Periapicals
- As needed to diagnose problems associated with deep caries, endodontic therapy, suspected pathologic conditions, supernumerary teeth or trauma

Prior to Age 5
- Open contacts: Problematic reasons only
- Closed contacts: 2 BWs - size 0
- Extensive caries: 2 BWs – size 0 and panoramic film
- Extensive and deep caries: 2 BWs, panoramic film and selected PAs where necessary
Age 6 to 7

- Open contacts and no apparent abnormalities: panoramic view
- Closed contacts: 2 BWs using size 0 and panoramic view
- Extensive or deep caries: 2 BWs panoramic selected PA’s using size 1 film

Age 8 to 9

- No apparent abnormalities or caries: 2 BW’s using size 2 film and panoramic film
- Obvious carious lesions: 2 BWs panoramic and PA’s

Age 10 to 12

- 2 BWs using size 2 film as long as the mesial of the last molar and the distal of the canine can be seen, otherwise, 4 BWs are taken
- Panoramic view and selected PA’s where warranted

Over Age 12

- 2 BWs using size 2 film as long as the mesial of the last molar and the distal of the canine can be seen, otherwise, 4 BWs are taken
- Cephalometric/panoramic films as indicated for orthodontic records

Am I getting a SHOT?? Just a little SLEEPY JUICE!!!!!!!!!!!!

- Under chin pass
- 27 Short
- “Mr. Thirsty”

Rubber Dam Isolation

- 8A & 14A
- “Snowman cut”

Mouth Prop or Tooth Pillow

What are the Benefits of Sealants?

- By forming a thin covering over the pts and fissures, sealants keep out plaque and decrease the risk of decay
How is a Sealant Applied?

- The teeth are cleaned and the chewing surfaces are prepared with a conditioner (37% phosphoric acid)
- With or without bonding agent
- After the teeth are dried, the sealant is applied with a droplet applicator and/or brush

Sealant Materials

Keep it Dry, Keep it Simple!!!

Stainless Steel Crowns/Amalgams, Durable and Functionable

- Buckley’s Formo Cresol
- Temrex
- GC Fuji Plus Cement
- Resin
- GI
- Strip Crown

Fixed Replacement Appliance “Pedo Partial”

BURS

- 330
- 558
- 169
- Fissurotomy

Band & Loop Space Maintainer

Overretained Primary Teeth

CLINICAL CASES