

The attitude of parents toward behavior management techniques in pediatric dentistry

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ABSTRACT

Aim: The aim of this study was to understand the attitude of parents toward behavior management techniques in pediatric dentistry. **Materials and Methods:** The study was conducted between November 2017 and January 2018 at Saveetha Dental College, Chennai, and India. This study includes 100 parents who accompanied their children to the Department of Paediatric Dentistry in Saveetha Dental College. Criteria for participation were: Parenthood, literacy, willingness to participate, ability to view videotape, and age of 18 years. The parents were explained about the eight behavior management technique, and they were made to watch two videotape with explained about the eight behavior management techniques and treatment done under general anesthesia. Later, the parents were given a questionnaire which asked their suggestions about the techniques. The results were statistically analyzed. **Background:** Children are expected to be relaxed and relatively cooperative in dental treatment, to deliver the best treatment. Few children demonstrate behaviors that disrupt the practitioner and make the safe delivery of treatment very difficult. To handle such scenarios behavior management techniques are utilized by the dentist. Ideally, behavior management techniques can be used which enable treatment to be completed and guide the child to develop more appropriate behavior. An important aspect of behavior management is to gain an understanding of parental perceptions regarding the technique to be used and determine factors that may affect their attitudes toward the technique. A clear and effective communication with parents is crucial and presents an opportunity to carefully work together and select the best treatment methods to make the child's visit as safe, effective, and comfortable as possible. **Results:** Out of 100 parents, 49 preferred tell show do, 21 preferred desensitisation, 5 preferred positive reinforcement, protective stabilisation was preferred by 2, hand-over-mouth-exercise was preferred by only 1 parent, voice control was preferred by 5, distraction was preferred by 7, modelling was preferred by 6, sedation was preferred by 2. **Conclusion:** Behavior management is broadly agreed to be a key factor supplying dental care for children. Certainly, if a child's behavior in the dental surgery/office cannot be managed, then it is not easy if not unworkable to hold out any dental care that is needed. It is essential that any approach to behavioral management for the dental child patient has to be rooted in compassion and a worry for the well-being of each child. A wide diversity of behavioral management techniques are existing to pediatric dentists who must be used as suitable for the profit of each child patient, and which, significantly, must take into account all cultural, legal and philosophical requirements in the country of dental practice of each dentist concern with dental care of children.

KEY WORDS: Behavior management, Child behavior, General anesthesia, Parental attitude

INTRODUCTION

Although the majority of young children exhibit little disruptive behavior in the dental setting,^[1] there is a small percentage who exhibit behavior which makes dental treatment difficult. Dentists utilize numerous management techniques to obtain cooperative behavior. Tell-show-do,^[2] expectation,^[3] positive reinforcement,^[4] and voice controls can be incorporate-rated easily into mildly disruptive situations. Modeling,^[5] distraction,^[6]

desensitization, and hypnosis^[7] have been proposed as preventive and corrective techniques for uncooperative behavior, but these techniques require additional time and skill for successful implementation. Hand-over-mouth-exercise (HOME) 1 commonly is used to establish communication and obtain cooperation with highly disruptive or defiant children. Physical restraint appears to be indicated with extremely young, disruptive, or handicapped children when other techniques fail or seem inappropriate, sedation or general anesthesia may be indicated.

Dental treatment for children requires the use of behavioral management techniques. Tell-show-do,

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positive reinforcements, modeling, voice control, and physical restraint are some of the commonly used techniques.^[1-3,5,8,9] When behavior management techniques fail to provide a practical tool, other methods such as sedation or general anesthesia may be required.

The acceptability of a behavior management technique depends, among other factors, on the child's needs at the time of treatment, the type and urgency of treatment influencing both the selection of a particular technique and parental acceptance of that technique.^[10] Behavior management techniques are not equally accepted by parents, and several techniques have been found to be unacceptable.^[11]

While dentists continue to use these same management tech-inquest,^[12] societal attitudes have changed in the past years toward increased parental participation during the child's dental ex-patience.^[13,14] With the emphasis on children's rights and the growing demand for informed consent by the parents, dentists can no longer assume that parents approve of any form of behavior management technique.^[15] The purpose of the present study was to evaluate parents' attitudes toward some management techniques actually employed on their children during dental treatment in a dental school environment in Jerusalem, Israel.

MATERIALS AND METHODS

The study was conducted between November 2017 and January 2018 at Saveetha Dental College, Chennai, India. This standby includes 100 parents who accompanied their children to the Department of Paediatric Dentistry in Saveetha Dental College. Criteria for participation were: Parenthood, literacy, willingness to participate, ability to view videotape, and age of 18 years. The parents were explained about the eight behavior management technique, and they were made to watch two videotapes with explained about the eight behavior management techniques and treatment done under general anesthesia. Later, the parents were given questionnaire which asked their suggestions about the techniques. The results were statistically analyzed.

RESULTS

Out of 100 parents, 49 preferred tell show do, 21 preferred desensitization, 5 preferred positive reinforcement, protective stabilization was preferred by 2, HOME was preferred by only 1 parent, voice control was preferred by 5, distraction was preferred by 7, modeling was preferred by 6, and sedation was preferred by 2.

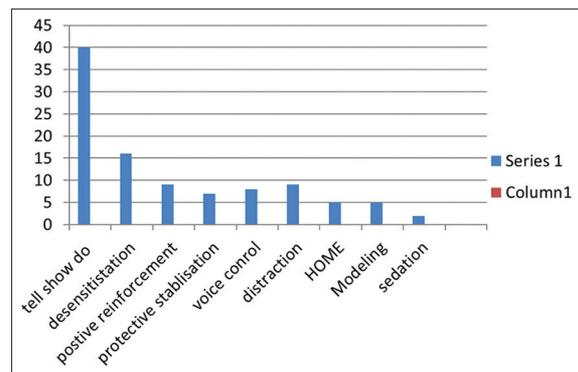


Figure 1: Graphical representation of the results obtained through the survey

DISCUSSION

Not all children all easy to treat in a dental chair, they exhibit a variety of emotions such as fear, anxiety. All these reactions will create a hindrance to provide a complete and best treatment in the chair side.

To overcome such hindrance doctor has to modify his or her treatment strategies, there are variety of techniques to overcome these obstacles they are collectively known as behaviour management technique,

The following are the behavior management technique used in the clinical set up, tell show do, distraction, desensitisation, voice control, positive reinforcement, protective stabilisation, HOME. Nitrous oxide sedation and general anesthesia are the techniques used in the surgical theatres.

It not that easy to use these behavior management techniques to the children in the presence of parents, the procedure of these behavior management techniques should be explained to the parents beforehand so that they will also developed confidence toward the treatment. This study is conducted to find out the attitude of these parents toward the behavior management techniques. The study was conducted between November 2017 and January 2018 at Saveetha Dental College, Chennai, India. This study includes 100 parents who accompanied their children to the Department of Paediatric Dentistry in Saveetha Dental College. Criteria for participation were: Parenthood, literacy, willingness to participate, ability to view videotape, and age of 18 years. The parents were explained about the eight behavior management technique, and they were made to watch two videotape with explained about the eight behavior management techniques and treatment done under general anesthesia. Later, the parents were given questionnaire which asked their suggestions about the techniques. The results were statistically analyzed.

Out of 100 parents, 40 patients were comfortable with tell show do procedure 16 patients were ok with desensitization. 9 were ok with positive reinforcement, 7 were ok with protective stabilization, 8 were ok with voice control, 9 were comfortable with distraction, HOME was Appreciated by 5, modeling was ok with 5, sedation was the least accepted by parents, 2 parents were ok with sedation technique [Figure 1].

Techniques for Behavior Management

Tell-show-do

Presentation of novel instruments, as well as methods, can frequently startle kids with tension as they may not be alert of the expected reason for these instruments or methodology. Tell-Show-Do is a key rule utilized as a part of pediatric dentistry whereby the kid is exposed progressively to the instrument or potentially method, and which comprises: (1) Tell: Words to clarify strategies in dialect appropriate to the level of tolerating for every child, (2) Show: Exhibition of the technique in a watchfully characterized, non-threatening setting, and (3) Do: Complete the methodology with non-deviating from the elucidation and exhibition, and (4) for instance, while presenting the ease back speed headpiece before starting prophylaxis, introductory, talk about the sound that will be made while it is turned on, at that point, show its apply on his/her finger, and follow with utilizing the hand-piece in your patient's mouth.^[16]

Voice control

This procedure is a controlled adjustment of voice volume, pace, and tones, to impact straight the kid's conduct. It is determined for the uncooperative or occupied patient to pick up consideration and recognition, maintain a strategic distance from negative conduct, and set up specialist. It is not utilized among children who because of age, inability, or emotional immaturity are unable to comprehend or participate. Once the required conduct is accomplished, it is pursued and emphatically strengthened. It would be ideal if you acknowledge, at no time is it to be translated as being "angry" at the child.^[17] Modeling assessing another parallel matured type or elder sibling dental treatment productively can have an empowering impact (1980, Stokes and Kennedy) on an on edge kid. This strategy is more useful in those matured kids above the age 5.

Positive reinforcement

Numerous dental treatments require sensibly composite practices and activities from our patients that must be clarified and learned. For kids, this requires minimal clear advances. This procedure is named conduct forming. It comprises an unmistakable arrangement of ventures toward demonstrate conduct.

This is most essentially achieved by particular fortification. Support is the quality of an example of conduct, mounting the likelihood of that conduct being shown again later on. Whatever thing that the child discovers pleasant or fulfilling can go about as an idealistic strengthens, identifications, or stickers are often utilized toward the finish of an effective treatment. However, most intense reinforces are social boosts, for example, verbal acclaim, positive voice balance, outward appearance, and endorsement by embracing. A child-focused, empathic reaction giving definite appreciations, for instance, "the way you keep your mouth open its astounding" has been presented to be more effective than a general remark, for example, "great kid/young lady." As with TSD the utilisation of age specific language is significant.^[17-19]

Distraction

Diversion expects to move the attention of the patient's attention far from the treatment strategy. This could be as cartoons, books, music, or stories. An extra well standard technique is for dental specialists to address patients as they work with the goal that patients focus on them as opposed to concentrating on the treatment system. Here and now diversions, for example, pull the cheek or lip and visiting the patient while applying local anesthesia, are likewise valuable.^[20]

Desensitization

While desensitization is traditionally utilized with a child who is as of now on edge concerning the dental circumstance, its standards can be readily used by pediatric dental specialists with all patients, so as to lessen the likelihood that patients may develop dental nervousness. The kids current tensions are managed by uncovering him or her to a progression of dental encounters, exhibited in a request of expanding uneasiness recommendation, precise just when the kid can concede the prior one out of a casual state (1958, Wolfe; 1974, Mache and Johnson). In the imaginative psychotherapeutic mode, various sessions would be required just to learn the real order of boosts for a customer's fear while, in pediatric dentistry, a gathered movement is utilized. In this manner for most youngsters, an advanced examination would go to the utilization of a mirror and test or pilgrim, took after perhaps by radiography, scaling, fissure sealant and driving at last to local esthetic treatments absence of pain, and rubber dam.^[21]

Positive stabilization protective stabilization includes restricting a patient's development to diminish the danger of damage to everyone while permitting safe finish of treatment. Assortments of defensive adjustment can be locked in going from a relative/parental figure holding the child's hands to the use of an adjustment device (i.e., papoose board or pedal

wrap). Educated submit must be acquired about the utilization of defensive adjustment, and if a relative has an issue whenever to the utilization of defensive adjustment, the technique is halted up promptly. We do not use any adjustment designs as they have the conceivable to limits respirations.^[21]

HOME includes limiting the child in the dental seat, setting a hand over the mouth (to enable the child to hear). The nose must not be covered. The doctor at that point talks unobtrusively to the kid clarifying that the hand will be expelled when crying stops. When this happens, the hand is expelled, and the kid appreciated. On the off chance when the child begins to cry once more, the hand is placed over the mouth again. The system means to pick up the child's consideration and empower correspondence, fortify great conduct and build up that shirking is vain. The individuals who advocate the method suggest it for kids matured 4–9 years when communication is lost or amid temper tantrums. Parental consent is imperative, and the system ought to never be utilized on children excessively very young, making it impossible to comprehend or with scholarly or passionate debilitation.^[21-23]

Sedation

An assortment of medicines can be coordinated to a patient with an end goal to modify their awareness arrange. This does not influence the kid “to go to rest,” but rather makes him/her less alarm of what is occurring and a while later, not as on edge or dreadful toward dental treatment. There are various levels of sedation that can be accomplished, yet since each child is unique, these levels are somewhat different to foresee. There are likewise various necessities that must be met before sedation can be a compelling administration alternative.

General anesthesia

General anesthesia is a repressed condition of unconsciousness escort by lost defensive impulse, including the ability to keep up an airway route independently and react unequivocally to physical stimulation or verbal teach. The utilization of general anesthesia here and there is fundamental to give class dental care to the kid. Contingent on the patient, this should be possible in a medicinal healing center or a wandering setting, checking the dental office. Before the utilization of general anesthesia, legitimate documentation might address the establishment for utilization of general anesthesia, educated the directions of gnarl anesthesia to the parent, dietary safeguards, and pre-operative health evaluation.^[24]

Nitrous oxide/oxygen inhalation

Nitrous oxide/oxygen inhalation is a secure and useful method to reduce anxiety and develop sound communication. Its onset of action is very quick,

the effects of nitrous oxide are simply titrated and reversible, and improvement is quick and complete. As well, nitrous oxide/oxygen inhalation intervene a variable amount of analgesia, gag reflex reduction, and amnesia. It requires to diagnose and treat, as well as the protection of the patient and practitioner has to be measured before the use of nitrous oxide/oxygen.^[25]

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