Pedodontic

LEC.3 fifth stage

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**Psychological Management of Children’s Behavior**

The foundation for practicing dentistry with children is built on the ability to guide them through their dental experiences. The major differences between the treatment of children and the treatment of adults is the relationship. Treating a child is one-to-two relationship (dentist-pediatric patient-parents) while the treatment of adults is one-to-one relationship that is a dentist-patient relationship.

**The pediatric treatment triangle (PTT) represents the basic relationship in pediatric dentistry**

 **Pediatric patient (child)**

 **Society**

 **Family (mother) dentist&environment**

 **Pediatric dental patients:**

Child development involves the study of all areas of human development from conception through the young adulthood. There are several relatively important aspects of child development because it’s multidimensional processes. So in order to make accurate information about child behavior, a knowledge about child development can help the dentist.

**The major areas of development are:**

1. **Physical development:** this includes allchanges that occur with age in children’s size, strength, motor coordination, functioning of body systems (respiratory, digestive, and circulatory……).
2. **Social development:** this means,as the child grows in his ability to care for himself**,** he gain social independence.
3. **Intellectual development (mental development):** considered as the most important point andit is the key of essential communication with child.

**“Binet”** used the I.Q. (intelligence quotient) formula to determine a child’s mental development:-

**IQ** $=\frac{mental age}{chronologic age}$ \* 100

IQ = (90-190) considered as average which represent (60%) of population

If IQ = (70-69) and bellow considered as mentally retarded which represent 4% of population.

If IQ = (110-140) & up considered as superior or very superior person.

1. **Personality development:** considered the summation of physical, social, and mental development.

Child personality is development by “nature” (genetic influence) or “nature” (environmental influence). If these 2 influences are in harmony so healthy personal development of the child is expected, but if these influences disturbed so there will be behavioral problems.

“**The pattern of behavior of certain age-related with expected development”**

“Age-Related Psychological Traits and Skills”

* **Age 2 years:** referred to this stage as “terrible tows” or sometimes dentists refer to them as being in the “pre-cooperative” stage. They are very attached to parents likes to see and touch, running, jumping.
* **Age 3 years:** remains closely attached to parent, likes stories and has very active imagination and can communicate more easily.
* **Age 4 years:** shows many independent self-help skills and usually those children listen to dentist and response with interest to the explanation and verbal direction also they known “thank you”, “phase”.
* **Age 5 years:** have no fear of new experience (dental treatment) if they properly prepared by the parents, they play cooperatively with peers.
* **Age 6 years:** they need proper introduction about dental procedure so they will response with satisfactory manner because the international manifest a rise to peak at this age.

**“Variables influencing children’s dental behavior”**

1. **Major variables :-**
2. **Maternal anxiety:** or called (parental anxiety) there is a significant correlation between maternal anxiety and a child’s cooperative behavior at the first dental visit i.e. highly anxious mother had –ve influence on their children’s behavior (at all ages) in the dental clinic, but the influence is greater with those children under 4 years of age.
3. **Medical history:** pain and emotional quality during previous medical visits are the most important factors in determining the child’s behavior in the dental clinic, i.e. Child with +ve past medical history are more likely to be cooperative for the dentist.
4. **Awareness of dental problem:** when the child believes that a dental problem exists (the problem may be as serious as chronic dental abscess or as simple as extrinsic staining of the dentition) so this feeling produce a negative behavior at the first visit. This feeling transmitted from parent to child.
5. **Minor variables:-**
6. **Socioeconomic status**: highly socioeconomic behave with high cooperative than children with low or middle level.
7. **Child’s gender**: male expected to be braver and stronger than female.
8. **Rank of the child**: older children became more anxious than children born later.
9. **Child’s age**: feeling of fear according to age.

**Ex**: (2-4) years: fear from imaginary creatures and small animals.

(4-6) years: fear from society and school.

(6) Years: fear from injury, hurt.

1. **Attending nursery schools**: children attending these schools became more cooperative with dental procedures.

**Classifications of children’s cooperative behavior**

Clinical classification (according to clinical examination)

1. **(Wright Clinical Classification)**
2. **Cooperative:** those children relaxed, they have minimal apprehension, they may be enthusiastic. They can be treated by straight forward, behavior shaping approach.
3. **Lacking in cooperative ability:** include very young children with whom communication cannot be established, also include children with specific debilitating or disability conditions. So they need special behavior management techniques.
4. **Potentially cooperative:** also called “behavior problem”. Those children differ from children lacking in cooperative ability because these children have the capability to perform cooperatively (the child can be modified, that is, the child can became cooperative).

Potentially cooperative children include:

1. **Uncontrolled behavior:** seen in young children 3-6 years of age. The reaction start from the reception room before entering the dental clinic, the patient characterized by loud crying, tears, flying of hands and legs.
2. **Defiant behavior:** seen in different age group mostly in school age and considered as controlled those children behavior similar what they behave at home (spoiled child).they need straight forward approach.
3. **Timid behavior:** those children range between positive and negative behavior and if they managed incorrectly they became uncontrolled behavior. Those children seen hiding themselves behind their parents and try to cry without tears.
4. **Tense behavior:** those children accept treatment with very tense reaction.
5. **Whining behavior:** those children characterized by whining throughout the dental procedure but allow the dentist to precede.

**Frankle Behavioral Rating Scale**

* **Rating 1**: definitely negative ( - - )

Refusal of treatment, crying forcefully, fearful, extremely negativism.

* **Rating 2** : negative ( - )

Reluctant to accept treatment , uncooperative,

* **Rating 3**: positive ( + )

Accept treatment and cooperatively follows the dentist’s directions.

* **Rating 4**: definitely positive ( + + )

Good rapport with dentist , interest in dental procedure, laughing and enjoying .

**Parents of pediatric patient**

From the moment of the children’s birth, parents shape the children’s behavior by means of selectively encouraging and discouraging particular behavior by their disciplinary techniques and by the amount of freedom they allow.

**So child behavior affect by the types of parents:**

1. **Over protective parents :** they prevent the natural development of the child toward independence. And this behavior result from :
2. threating experience to the health of the child either during pregnancy or after birth.
3. The parent was raised in a home that lacked warmth and love.
4. Maladjustment in the family
5. some psychological disturbance of the family.
6. **Manipulative parents** : these parents behavior manifests by excessively demanding attitudes.
7. **Hostile parents** : those parents question the necessity for treatment. And this behavior result from:
8. Poor personal experience in dental office.
9. General negativism toward health.
10. Misconception about dentistry.
11. Feeling insecurity in a foreign environment.
12. **Neglectful parents** : those parents may not be evident initially in practice and usually discovered by failure to maintain appointments, missing recall visits.