



Behavior Management for the Pediatric Dental Patient

The American Academy of Pediatric Dentistry (AAPD) held its second Behavior Management for the Pediatric Dental Patient Conference and Workshop Nov. 21-23, 2003, in Chicago, Ill. The conference reviewed current behavior management techniques and philosophies, determined how they fit in today's society, and discussed their implications for the future. The first behavior management conference, held in Iowa City in 1988, spawned the AAPD Clinical Guidelines on Behavior Management, a document which proved to be critically important to both the dental profession and children receiving care. It is anticipated that the results of this new conference will have an equally far-reaching and important impact on the delivery of oral health care to children.

Much has changed since the last conference. American society is more culturally diverse and it continues to change rapidly. The US health care delivery system is much different than before, and medicolegal issues associated with the provision of health care are even more complex. There is good evidence that families, parenting styles, parental attitudes toward delivery of oral care, and children are different. The digital electronic age has emerged in the past 15 years, and children now even play differently with less physical activity.

This conference examined how the environment of today's society has changed. Current behavior management strategies were discussed in the context of those changes, and included the perspectives of people who are not pediatric dentists. The first day featured plenary sessions with presentations by nationally recognized experts in the areas of pediatric general and psychological health, parenting and family functioning, health insurance, health services research, developmental disabilities, child and family law, and pediatric dentistry. Each of their papers is summarized in these proceedings.

Four workshops were conducted on the second day of the conference, with 2 running concurrently in the morning and afternoon. Each workshop addressed 1 of 4 major themes:

1. rationale for current behavior management techniques in pediatric dentistry;
2. third-party payer issues;
3. legal issues; and
4. education issues.

A pediatric dentist moderator led a group of panelists in each workshop. These panels were comprised primarily of pediatric dentists; however, to gain a broader

perspective, nondentist parents and child care professionals also participated. Each of the speakers from the first day also served as panelists.

The conference planning committee provided each panel with questions designed to stimulate discussion. The panels, however, were not required to address all the questions and were free to explore other issues/problems relevant to the theme of their workshops. Each panel was asked to list recommendations which the AAPD could consider. All workshops were conducted in open session, and conference registrants were able to interact with the panelists and register their opinions on issues discussed. The moderators were coached to make special note of areas of contention or disagreement and include those in their reports.

On the final day of the conference, the workshop moderators reported their results and recommendations. The recommendations are exhaustive and far-reaching and, among others, include: further research to develop better behavior management techniques; changes in our post-graduate pediatric dentistry curricula and in our behavior management guidelines; expansion in our child advocacy efforts; and additional continuing education opportunities for AAPD members.

Policy or guidelines changes will not directly result from this workshop. Rather, the reports generated will follow the AAPD's process of review by the board of trustees, relevant committees and councils, with open reference hearings and ample opportunity for dialogue and input from AAPD members. The results of this workshop represent the beginning of that dialogue.

Input from nonpediatric dentist participants in this conference was enlightening. It emphasized the lack of the public's and other health professionals' awareness of the challenges faced by pediatric dentists in managing difficult children. Pediatric dentists are unique among health care providers in the excellence of their oral health care for children. It is clear, however, that the delivery of this care can be even better. The recommendations of this conference will guide the AAPD in its efforts to improve oral health care for children everywhere.

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