



Challenges of Managing Child Behavior in the 21st Century Dental Setting

Barbara Sheller, DDS, MSD

Dr. Sheller is director of education and resident training, Dental Medicine, Children's Hospital and Regional Medical Center, Seattle, Wash. Correspond with Dr. Sheller at b.sheller@seattlechildrens.org

Abstract

This paper discussed factors influencing behavior management of the child dental patient. Pediatric dentists are affected by changes in: (1) society; (2) marketing and media; (3) communications and technology; and (4) parenting practices. Behavior of pediatric patients reflects fewer boundaries, less discipline and self-control, and lowered behavioral expectations by parents and contemporary culture. The insurance industry, regulatory bodies, legal system, dental staff, and pediatric dentist education are other influences on behavior management. Responses of the American Academy of Pediatric Dentistry (AAPD), which could support the pediatric dentist in the changing environment, include: (1) research; (2) continuing education for staff and dentists; (3) development of Internet accessible materials for the public; (4) legislative activity; (5) partnering with pediatric medicine to develop new behavior management strategies; (6) establishment of an AAPD Council on Child Behavior; and (7) ongoing critical reassessment of behavior issues by the AAPD. (*Pediatr Dent.* 2004;26:111-113)

KEYWORDS: CHILD BEHAVIOR, BEHAVIOR MANAGEMENT, PEDIATRIC DENTISTRY

The Behavior Management for the Pediatric Dental Patient: Conference/Workshop, sponsored by the American Academy of Pediatric Dentistry (AAPD) in November 2003, presented an opportunity for examination, reflection, and planning. This paper examined the internal and external forces that currently guide the management of child dental patients and some factors that may influence behavior management in the years ahead. It highlights areas in which proactive measures by the AAPD could optimize the success of pediatric dentists called on to manage children with uncooperative behavior.

Today's dentists enjoy many advantages compared to their predecessors. The dental environment is designed to be child-friendly. Contemporary materials, technology, and trained support staff supplement the ambiance. Yet, the task of pediatric dentists is the same as it was a generation ago: to perform precise surgical procedures on children whose behavior may range from cooperative to hostile to defiant. Society, parents and their children, the insurance industry, regulatory bodies, legal system, dental staff, and the education, expectations, and choices of pediatric dentists influence the options available for child patient management.

In western society, the general public has become suspicious of science and science-based professions while demanding all the benefits of scientific discovery. This culture demonstrates diminished respect for and trust of professionals. Multimedia exposés question dentists' intelligence, ethics, and safety of care.^{1,2} The dental profession competes with consumer magazines, the Internet, infomercials, and marketing by product manufacturers as just another source for oral health information. In November 2003, a Seattle radio station repeatedly aired an advertisement promoting sedation dentistry with "just one tiny pill" as the answer for any reluctant dental patient. This holds incredible appeal for consumers, in spite of significant patient safety issues. Consumers lack an accurate filter to separate true from false, possible from impossible, and appropriate from inappropriate.

Medical sociologists have noted a shift towards a consumerist position on health care.³ Clinical decision-making has become a social process that includes the dentist, parent, and occasionally other family members and insurers.⁴ It may be difficult for the dentist to reach agreement on a treatment approach with a parent who has been sensitized by marketing and media influences, their own Internet "research," or adverse personal dental experiences. Societal

multiculturalism also influences the informed consent process; health beliefs and behaviors are part of cultural expression, yet dentists may be unaware of such differences.

Today's parents reflect the changes in society. The traditional parent role included setting limits and saying "no." In an attempt to "be a friend" to their child, many parents have abrogated their responsibility to establish boundaries, maintain discipline, teach self-control, and instill respect for others.⁵ In a recent survey, pediatric dentists reported that changes in parenting styles have adversely influenced child behavior in the dental office.⁶ Some behavior management methods, traditionally a part of the armamentarium of pediatric dentists, are now perceived negatively by parents.⁷

Decisions regarding behavior management of the pediatric patient must be made collaboratively by the dentist and parent, and informed consent must be obtained.⁸ Pediatric dentists report increasing numbers of parents attempting to dictate the treatment approach. This is problematic because most parents lack a scientific background and don't understand what dentists do. Research at an urban hospital found that more than 50% of parents bringing their child to the ER for after-hours emergency care expected that their child would be sedated for dental treatment.⁹ Parents calling to request general anesthesia for recall appointments because "my child cried at the last visit" clearly do not understand the indications, risks, benefits, limitations, or costs of anesthesia or sedation.

For optimal management of children, the dentist must understand why and when certain behaviors occur and how to address these behaviors effectively and professionally. A child's cognitive level, temperament, previous experiences, fears, and attachment to parent all contribute to the ability to tolerate dental procedures. Understanding of child cognitive and psychological development, reports on the nature of uncooperative behavior in the dental office, and research into nonpharmacologic behavior management strategies may assist the dental profession in developing new approaches to the management of the uncooperative child.¹⁰⁻¹³

Simultaneously, with a crisis in access to care for those most at risk of dental disease, the paperwork burden on those willing to provide such care is increasing. Health care providers are targets of increased scrutiny and regulation. At this time, pediatric dentists have no reimbursement mechanism that recognizes the time needed and skills involved in easing childhood anxieties and creating positive emotional and psychological outcomes. Dentists are able to collect fees only for performing procedures. Insurers are justifiably skeptical about paying for services which cannot be objectively measured and which introduce increased possibility for fraud.

The preoperative patient with extensive dental needs—requiring comprehensive treatment under general anesthesia but lacking parents with the means or willingness to pay or an insurance carrier denying both medical necessity and coverage—presents the pediatric dentist with

a dilemma. Many practitioners have experience with parents who are reluctant or unwilling to personally pay for the added cost of sedation or dentist time needed to manage their behaviorally complex child.

Behavior management begins with the first phone call. Office receptionists, treatment coordinators, and dental assistants are an integral part of successful behavior management. Their actions can either set dentists up for failure or move them along the path to successful management of challenging situations. AAPD-sponsored courses for staff in communication, multicultural awareness, child development, behavior management, and informed consent should be developed, promoted, and made available to all dental auxiliaries working with children or interacting with parents.

Effective management of the pediatric patient is dependent upon the dentist's ability to communicate with the parent, child, and staff. All face-to-face behavior carries affective content. Few health professionals have any conscious insight into how they communicate, but patients and parents are hyper-attentive to it.¹⁴

Pediatric dentists vary greatly in training and education. The American Dental Association standards for postgraduate education offer an opportunity for the AAPD to establish a "behavior management baseline" for new pediatric dentistry graduates. The AAPD should develop continuing education opportunities that incorporate the most current research on communication, child development and behavior, parenting, and new technologies.

Each pediatric dentist must take a critical look at his or her expectations and choices. There is a chasm growing between the practice of pediatric dentistry and the oral health needs of the nation; part of the dental workforce has shifted away from children's health and towards a low-stress dental boutique where parents of independent means bring in their children for a "positive experience." Are pediatric dentists unwilling to spend a few minutes shaping the behavior of an anxious child in need of restorative care because there is no reimbursement for that activity?

The AAPD and AAPD Foundation intend to be proactive in addressing the challenges dentists face in managing child behavior. This approach could include:

1. research to supply scientific evidence to support our clinical recommendations;
2. education for dental students, dentists, and staff;
3. development of educational materials for the lay public and educators which are easily accessible via the Internet;
4. legislative activity to secure insurance coverage for sedation and general anesthesia services when associated with providing dental care;
5. partnering with pediatric medicine and/or industry to develop new techniques for behavior management;
6. establishment of an AAPD Council on Child Behavior; and
7. ongoing critical reassessment of behavior issues by the AAPD.

In summary, pediatric dentists practice in a culture that commonly caters to the sensational yet promotes distrust of professionals. They often treat children with minimal coping skills who have not been trained by their parents to behave appropriately. Furthermore, these parents often have increasingly lower expectations for their children and higher expectations of the dentist—who continues to face burdensome regulations and paperwork for less compensation, working in a profession that strives to put the child first.

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