

A review on non-pharmacological behavior shaping in pediatric dentistry emphasized on tell-show-do and its modifications

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Abstract

Children with dental anxiety can refuse care, resulting in dental emergencies. Pharmacological and non-pharmacological behavioral guidance strategies reduce restlessness, establish a healthy dental behavior and safely, and ensure that babies, toddlers, teenagers, and individuals with special health-care needs receive high-quality oral health treatment. For pediatric dental patients, guidance on protective stabilization and pharmacological behavior control is given in more depth in additional recommendations for the American Academy of Pediatric Dentistry clinical practice. Actions should never be retaliation for wrongdoing, assertion of authority, or use of any tactic that harms, shames, or belittles a patient.

Introduction

Pediatric patient behavior control is an integral aspect of pediatric dentistry.^[1] Large proportion of kids do not cooperate with dentist, thereby forming a barrier to the release of quality dental treatment.^[2] With a youngster that refuses to comply, the pedodontist must rely on alternative behavior management tactics as a supplement to communication control. Methods of behavior modification concern communication and schooling. An energetic process is the relationship linking the infant, the family of the child, and the dental team.^[3]

Objective

The objective of the study was as follows:

1. To make the kid feel at ease
2. To provide pain relief
3. To establish that the kid and the caregiver have agreed to the treatment
4. To carry out the treatments in a safe manner.^[4]

Methods

The Health Affairs Committee and the Behavior Psychology Subcommittee produced guidelines on behavioral advice and accepted them in 1990.

This approach is a contact between the pedodontist team, the kid, and the guardian; its goals are to improve interaction, reduce anxiety and fear, provide high-quality dental care, build a trusting connection between the dentist and the child/parent, and foster a favorable attitude toward oral health care in children.^[5]

Background

It is required that dental practitioners identify and treat childhood dental diseases effectively within the knowledge and skills learned during their professional education. Secure and successful management of the problem involves knowing and altering of the reaction of the child and family to treatment. Behavioral guidance is the method through which pedodontist help kids to understand acceptable and unacceptable behaviors,

develop problem-solving strategies, and enhance impulsive behavior, compassion, and ego.^[6]

Dental Phobia in Children

Dental anxiety is described as a feeling of apprehension regarding oral treatment that is not caused by a specific stimuli.^[7] It is assumed that dentists will recognize and manage juvenile oral disorders that are outside their academic education's competence and skills.^[8]

Parental influence

Families' fear had a significant impact on their children's conduct, especially if they previously had poor dental experiences. A child's behavior might be negatively influenced by an anxious or fearful caregiver. It is important to inform the parent before the child's first dental visit.^[9]

Parents are unable to control their own anxieties and when they actually attempt and help, they may unintentionally transfer their own fear to the kid.^[10]

Medical and dental expertise

Kids who've had negative experiences with previous clinic or medical care visits, as well as dental treatments, may be more fearful of dentists. When taking health records, it's critical to inquire about previous therapies and the kid's response to them. This will describe possible actions related to anxiety and allow executing effective behavior shaping.^[11]

Surgical and equipment appearance

The unaccustomed views, noises, and aromas of dental surgery can induce anxiety in children. The operation and area of the waiting room must be made child friendly and less intimidating by designing with kid-oriented images and a few cleverly positioned small toys. The smells associated in relation to dentistry are reduced by good ventilation. It can also be useful to use low vibration instruments. When the youngster goes into surgery for the 1st time, the dental team should remove their protective eyewear and masks. Because some kids may link protective clothes, such as white jackets, with previous hospital trips, caution should be exercised while selecting such clothing.^[12]

Interaction with pediatric patient

It should be courteous and appealing to both the receptionists and the health-care professionals. Interpersonal communication is important in behavior therapy. The dental staff must build a trust-based connection with the kid and accompanied parent to make sure cooperation with preventative treatments.^[13]

Non-verbal communication is paramount for a young, pre-cooperative patient. The words used may not be understood by these patients, smile and change in the voice are well understood

by the kids.^[14] Eye contact also helps to build confidence. For some parents, a handshake may increase their confidence.^[15]

The focus of attention should be paid to children; it is important to greet them by the name they prefer. In plain and non-threatening language, explanations should be given, avoiding the use of jargon. It is necessary to have good communication including all the members present at that scenario.^[16]

Techniques for Controlling Behavior

Behavior modification methods that are used widely are as follows. Depending on the needs of the particular patient, the dentist may select the most suitable one. In combination, the methods can have to be used. Any strategy that requires a comprehension of language, on the other hand, will fail with pre-cooperative individuals since they will only understand the message's tone rather than its content.^[8]

Tell-show-do

This method is widely used to acquaint a child with a new therapy, reducing their dread of the unknown.^[9] The emergence of smart tools and protocols might also worry anxious youngsters, as they are not aware of the instruments' or protocols' original intent.

In pediatric dentistry, tell-show-do is a basic concept to help the child gradually recognize the use of the instrument and the operation to be performed.

1. Tell: Phrases to describe techniques in a dialect that is appropriate for each kid's level of acceptance
2. Show: Display the method in a well-defined, non-threatening environment
3. Do: Finish the method without diverging from the explanations and demonstrations.

For example, while presenting the airtor before commencing a treatment, first address the noise that would be emitted when it is turned on, then show how to use it on your client's finger, and last, use the airtor in oral cavity.^[9]

The teaching method is based on the idea of learning theory and is done in the operating room by the dentist himself.^[13] At the beginning of a dental appointment, it is necessary to talk with the child patient briefly to develop relationship and trust.^[8]

In Pediatric Dentistry, the modification of "Tell-Show-Do" technique is effective in keeping the pulse rate normal and also improves conduct.

Studies show that modified Tell-Show-Play-Do technique and smartphone app strategies were more successful in terms of anxiety levels and improved cooperative activity among children aged 4–8 years during dental care than the Tell-Show-Do technique.^[8]

Enhancing control

Enhancing the kid's ability to employ the stop signal' during a procedure will offer him or her a sense of control and reduce fear. The signal is usually given by lifting one's arm, and it should be practiced before any therapy begins. If the youngster utilizes

the gesture, pedodontist must react quickly by halting.^[16] This technique helps in gaining the confidence of a kid.

Distraction

In the form of songs, cartoons, or tales, it helps to shift the patient's mind away from the dental operation. It also helps alleviate patient discomfort by talking to patients during the operation. Short-term distractions, such as pulling the patient's lip and talking to them while administering local anesthetic, are also effective.^[9]

Modeling

Seeing another similarly aged kid successfully undergoing dental care may induce positive effect on an anxious child. In those aged between 3 and 5 years, this approach is most helpful.

Conclusion

The effective application of behavior modification strategies inspires the kid to seek dental treatments and also develops an actual interest in long-term dental health, thus avoid the necessity for general anesthetic procedure. Dental behavior management difficulties in children are rather common.^[8]

It is the pedodontist responsibility to make dental care as kid friendly and pain free as practical to enhance kids behavior during dental treatment.

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