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## **Getting Past “Uh-oh,” “No” and “Helicopters”**

### **Behavior Management in a Pediatric Dental Setting**

#### **I. Opening remarks**

- A. Nature of this course
  - 1. Have fun looking at ourselves and issues
  - 2. The course is to stimulate thought, not provide definitive answers
  - 3. Principles discussed today are applicable to *all parts of one's life*
- B. Importance of Behavior Management in practice and in people's lives
  - 1. Tremendous practice builder
    - a. Manage a child and capture an entire family
    - b. Financially worthwhile once child's behavior is managed
  - 2. Behavior Management is the ultimate preventive tool
  - 3. It is the most profound non-dental impact we have
    - a. Provides a chance to "make a difference" in today's complex society
    - b. Terrific opportunity to practice principles for our own children at home!
  - 4. Access to care could make it mandatory to provide care to children.
  - 5. Tremendous source of satisfaction beyond financial gain

#### **II. The key elements to behavior management**

- A. Managing Yourself
- B. Managing the patient
- C. Managing the parents

#### **III Getting past “Uh-oh,” or managing yourself**

- A. As simple as “C-B-A”
- B. Primary source of behavior management is *internal*
- C. The Five critical skills
  - 1. **Expectations of a child's visit**
    - a. Nobody can "*make them do it*"
    - b. Your expectation will usually be met
      - i. Hold child as able to succeed
      - ii. Assume every visit for every patient *will* be perfect
    - c. Pay attention to what *you can control-- result* is management of the patient
    - d. Dentist sets the tone and the Team must understand and support philosophy
    - e. Every single action in a practice is creating managed behavior
  - 2. **Be friendly**
    - a. Focus on relationship
      - i. Have fun
      - ii. Be silly
      - iii. Engage them
      - iv. Ask questions

- b. Treat them like people (Golden Rule)
  - i. Smile
  - ii. Meet them at eye level
  - iii. Ask “seasonal” questions
  - iv. Touch their shoulders
- 3. **Stay positive**
  - a. Nothing sets the tone of a practice as much as this
  - b. Breaks negative mindset around dentistry (especially for parents)
  - c. Care-giver's confidence is more critical than technical skills
  - d. Requires less energy than negativism
- 4. **Be calm**
  - a. Voice modulation
    - i. Vocal anesthetic can be numbing, too!
    - ii. Monotone has a hypnotic effect
    - iii. Quietness forces the child to listen more carefully
  - b. Facial expressions
    - i. Effective even without words
    - ii. Even infants respond to facial expressions
    - iii. Good when there is a language barrier
  - c. Creates a sense of security for the child
  - d. Slow nasal breathing
    - i. Keeps provider's heart rate and blood pressure lower
    - ii. Encourages nasal breathing by patient
- 5. **Be in charge**
  - a. Don't forget that YOU are the dentist!
  - b. Parents should not be in control
  - c. *Any behavior* is not OK
    - i. Children need limits and boundaries and often *are relieved* to have them
    - ii. Allowing children to control an appointment is also a learning experience!
    - iii. Many procedures are dangerous on a moving target
  - d. Establish behavior guidelines and be consistent

#### **IV. Getting past “no,” or managing the patient**

- A. Trust
  - 1. Without it, you cannot proceed
  - 2. Do what you say and say what you do
  - 3. You only get one chance to “blow it,” then you’ll lose trust
- B. Terminology
  - 1. Understandable= *familiar* words for children
  - 2. Non-threatening= positive, descriptive labels
  - 3. Simple= *much more basic* than you think
  - 4. Resisters to terminology
- C. Show-Tell-Do
  - 1. Kids need to know what's going on
  - 2. Helps create credibility and trust
  - 3. Eliminates unknown (takes "charge" off of it)
  - 4. Creates opportunity for reframing situation for child
- D. Focus attention on the patient (even if parent is present)
  - 1. Holds child's attention
  - 2. Redirects child's anxieties
  - 3. Gets treatment completed much more quickly
  - 4. Verbally restructures patient's experience

- E. Specific positive feedback
  - 1. Concentrate on what's going *well*
  - 2. Be *specific* with child's successes
  - 3. Be *honest* with your praise
  - 4. Phrase everything from *positive* side
- G. Appropriate appointments
  - 1. Proper sequence of treatment plan (all subject to individual plan)
    - a. Start with posteriors
    - b. Mandibular arch before maxillary
    - c. Half-mouth treatment whenever possible
    - d. Pain may dictate plan
    - e. No more than three restorative visits/otherwise possible OR
  - 2. Time of day according to age
    - a. Earlier visits for younger kids
    - b. Older child only operative visits in afternoon
  - 3. Length of appointments
    - a. Usually 15-30 minutes for younger children
    - b. Should not exceed one hour
  - 4. Complete all treatment in three appointments
- H. Problem patients
  - 1. Biters
  - 2. Children who won't open their mouths
  - 3. Gaggers
- I. Rewards

**V. Getting past "helicopters," or managing the parents**

- A. Parents:
  - 1. Don't think they are a problem
  - 2. Are concerned about their children's well-being
  - 3. Think they are helping
  - 4. Might feel guilty
  - 5. Could be embarrassed
  - 6. Have fears of their own
- B. Other factors:
  - 1. I was on the internet last night
  - 2. "Get 'er done" vs. "My poor little baby"
  - 3. Resistance to terminology
  - 4. Demands for after-school appointments
  - 5. "My other dentist told me....."
  - 6. Aren't they just baby teeth?
- C. Your first job is to be sure the parents feel heard by you-- establish credibility
  - 1. Be sure to understand their concerns and answer the right question!
  - 2. Never patronize them-- speak clearly and without condescension
  - 3. Encourage any show of interest
  - 4. Ask for feedback and be sure they are understanding you
- D. Prepare them and set guidelines-- teach them positive behavior
  - 1. Prepare them for their children's visits
    - a. Explain your techniques of empowering their children
    - b. Outline the procedures that are to be done

2. Set clear guidelines around operative appointments
  - a. Do not over-prepare the child
  - b. Use our terminology
  - c. Be a silent observer only
  - d. Leave when asked (this must be agreed upon up front)
  - e. Do not make promises
- E. Problem parents
  1. “What guidelines?”
  2. “They’re almost done”
  3. “Is that hurting her?”
  4. “He’s always been afraid”
- F. Advantages for the provider
  1. Know to “push” or not
  2. Answer all questions—nothing gets missed
  3. Demonstrate things in the child’s mouth
  4. Parent sees what you are actually doing
  5. Gratitude expands
- G. Appreciate and enjoy the differences between mothers and fathers

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## **SUGGESTED READING LIST**

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