

TOWARDS A CHILD-FRIENDLY PRACTICE I

# COMMUNICATING WITH CHILDREN

As all dental professionals will know, one of the toughest aspects of dental practice is working with difficult, challenging or uncooperative patients. Children, more often than we would like, are represented in this group and it is during these times that the dental practitioner's communication skills are put to the test.

In this first article on communication between dental practitioners, children and their parents, we discuss why a dental visit may be an unpleasant experience for some children and offer some top tips that could be adopted to help ease, and maximise the effectiveness of, the communication process.

Much has been written to help dental professionals deal with their young patients. Two of the most notable publications are: 1. *Guideline on behavior guidance for the pediatric dental patient* by the American Academy of Pediatric Dentistry (AAPD); and 2. *Guidelines on behaviour management in paediatric dentistry* by the European Academy of Paediatric Dentistry (EAPD). Both of these guidelines have paved the way for best practice in paediatric dentistry and consider verbal and non-verbal communication key to successful dental practitioner-child patient relationships.

## Good practice in paediatric dentistry

This includes the 'absence of dental fear and anxiety as well as healthy oral structures with the aim to form the basis for good oral health throughout life' (Klingberg, 2006). Nevertheless, dental fear and anxiety is not uncommon amongst children and has long been recognised by dental professionals.



Some children are dentally fearful and this may stem from previous dental experiences and their perception that these were traumatic, difficult and/or painful, for example an extraction. Alternatively, they may pick up the fear from their dentally anxious parents. Irregular visits to the dentist and dental hygienist can also be responsible for child patients being nervous. If parents only seek dental care for their child when they have a dental problem, this may reinforce the child's impression that all dental visits are traumatic and involve bad news, serious treatment and pain.

It is only when rapport and trust is established between a dental practitioner, a child and a parent that a positive dental experience, in which dental fear and anxiety is allayed and prevented, can occur. Good communication skills are, unarguably, the most important tools needed to achieve such good relationships.



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## Some essential definitions

- **Dental fear** – a *normal* emotional reaction to threatening stimuli in the dental situation.
- **Dental anxiety** – a state where the child is evoked and feels apprehensive about dental treatment; this is associated with more *abnormal* conditions.
- **Socio-emotional development** – a growth in the feelings that we have about ourselves and others as well as our capabilities to adapt and respond to people.
- **Cognitive functioning** – a thought process that involves the acquisition, processing and use of information.

## Creating a positive first impression

The manner in which a child is welcomed into the dental practice by the dental team may influence his/her future behaviour during treatment. Communication starts before a word is said and the first few minutes of an encounter are vital as it is difficult to alter a first impression.

*Is there a smile?*

*Is there eye contact?*

*Does the child feel that you look friendly or angry and scary?*

Then you begin to send verbal messages.

*Is your greeting friendly and relaxed and does the child perceive it that way?*

*Do you speak and act as rushed as you may often feel?*

Children of the same age vary widely in their level of maturity and cognitive functioning. When a child visits the surgery, their level of development and functioning needs to be noted and the communication approach adapted accordingly. To add to this complexity, when they are under stress, tired, frightened or frustrated the child may regress to a more immature state of mind.



*A stressed, tired, frightened or frustrated child often has a more immature state of mind.*

## Understanding children as patients

Although children can see a dental visit as a distressing experience, the extent of their discomfort during a dental appointment can vary greatly from one child to the next. While some children are robust and can cope well with stressful situations, others are shy and vulnerable and may need more time and attention in order to feel at ease. The child's level of socio-emotional development and cognitive functioning is one of the key factors which influences the child's reaction to dental treatment.

If this situation arises they may not be able to understand the necessity of dental treatment or may confuse the pain caused by toothache with the feared pain of the proposed dental treatment.

It is essential that a dental professional supports the child and attempts to alleviate his/her fear and anxiety. Giving out messages that are suited to the child's level of maturity rather than their age means that the dental professional will be able to offer reassurance to the child and their parent, which in turn promotes a more pleasant dental experience for all.



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## Tell-show-do

The technique involves: (AAPD, 2008)

- **tell** – verbal explanation of dental treatment in a language that is appropriate to the child's level of maturity
- **show** – demonstration for the child of the visual, auditory, olfactory and tactile aspects of the treatment in a carefully defined, non-threatening setting
- **do** – completion of the procedure without deviating from the explanation and demonstration.

## Giving out the right messages

As part of normal paediatric dentistry practice, a dental practitioner will often have to guide and give advice to the child. The level and amount of information interchange between the two parties depends on the child's socio-emotional development, which has to be accurately assessed by the dental professional. In addition to this development, other conditions that may act as communication barriers should also be recognised. These barriers may range from previous negative dental experiences, parental anxiety, physical or mental disability and acute or chronic conditions. In these cases, the dental practitioner may need to communicate with the child using a more structured and time-allowing approach.



### Tell-show-do

One approach that is efficient and therefore should be considered is the traditional 'tell-show-do' method of teaching. Have a look at the box on the left to see how this technique can be achieved.

*It is important that when dispensing advice to the child, the message is not only heard but it is heard in the way that it is intended.*

Guiding the child involves teaching him/her why a regular dental visit is vital for good health as well as familiarising him/her with the dental procedure and setting. It is important that when dispensing advice to the child, the message is not only heard but it is heard in the way that it is intended. Here we discuss a wide range of communication techniques that can be learned and effectively applied to any child patient in order to allow a dental practitioner to achieve these goals.

### Voice control

In order to gain the child's attention and establish authority, a tactic of voice control can be put into practice. This involves a controlled alteration of voice volume, tone, pitch and pace to influence or direct the child. However, parents who are unfamiliar with this technique may find it aversive, for example when a loud voice is used to get the child interested, and they should be given an explanation prior to its use to prevent a misunderstanding (AAPD, 2008).



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### Positive reinforcement

Any improvement in a child's oral health and oral care routine should be recognised and rewarded by a dental professional. This strategy of positive reinforcement is very effective as it builds confidence in the child and encourages him/her to continue good behaviour. Social reinforcers include positive voice modulation, facial expression, verbal praise and appropriate physical demonstrations of affection, while non-social reinforcers can be tokens eg stickers and toys (AAPD, 2008).

*Positive reinforcement is very effective as it builds confidence and encourages good behaviour.*

### Non-verbal communication

Although relevant to any child patient, this technique should be emphasised in children who are hearing impaired. It is the reinforcement of other communication strategies through appropriate contact, posture, facial expression and body language, which is commonly used to gain and maintain the child's attention (AAPD, 2008).

**Every child should be empowered with a positive attitude towards dental care as this forms the basis for good oral health for life. This scenario can only be achieved when effective communication skills, many of which have been discussed here, are put into practice. It is in the dental practitioner's power to change what may once have been perceived as a traumatic dental visit into a more pleasant experience, in which dental fear and anxiety is eliminated and guidance and advice is truly understood.**

### Further information

AquafreshScienceAcademy.com houses a wealth of materials and resources designed to help you and your team function as an effective dental care unit. For more information on tactics that can be successfully used to make the dental experience pleasant for children, refer to the article: *'Towards a child-friendly practice II – Strategies for success'*. Visit our Patient Focus section for further articles and slide presentations on patient motivation and communication.

#### References

AAPD (2008). Guideline on behavior guidance for the pediatric dental patient. Chicago.  
Klingberg G, Freeman R, ten Berge M, Veerkamp J (2006). EAPD Guidelines on behaviour management in paediatric dentistry: revised draft.



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