

TOWARDS A CHILD-FRIENDLY PRACTICE II

STRATEGIES FOR SUCCESS

Regular visits to dentists and dental hygienists are essential in helping children get used to the dental surroundings and what goes on there. This will, in turn, help prepare them for future dental visits, which are important for improving or maintaining their oral health. However, if children hold a negative view of a dental visit, they may dislike or may even become frightened of future dental experiences and as a result may become uncooperative patients.



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Although child patients and their parents can be difficult on many occasions, working with them does not have to be as challenging as you may think. In this article on strategies for creating a child-friendly practice, find out various tactics that can be successfully used to make the dental experience as pleasant for children as possible.

Designing a child-friendly practice

It is important that a positive environment is delivered to young patients at the earliest encounter. This can be achieved, partly, by designing your dental practice to be child-friendly. A children's play area in the waiting room should welcome children into the practice and make them feel safe. If designed correctly, this should be the place where children congregate and are entertained and kept occupied without placing a huge burden on dental staff. For some top tips on how to design a child-friendly practice, have a look at the box on the next page.

Working with parents

As dental fear and anxiety in the parent is often reflected in the child, it is vital that rapport and trust is established not only with the child but also with the parent. Usually, the receptionist will have the first contact with the parent through a telephone conversation to arrange an appointment. At this stage it is important that sufficient information is provided in



a friendly manner to answer questions and help parent and child prepare for the dental visit. The internet and customised web pages for parents and children are also excellent means of introducing the dental practice.

One of the core elements of paediatric dentistry is child-parent interaction. After all, such interaction can influence how a dental visit goes, how well the parent and the child are able to cope with anxiety, and how much the parent would like to be involved during dental treatment. Thus a key skill that every dental practitioner should possess is the ability to identify three basic patterns of child-parent interaction (see page 3).

When aggressive or anxious interactions exist, there is an increased likelihood that a child will behave disruptively. Often it is down to the dental professional's judgement whether the parent should be present or absent during treatment in order to gain the child's cooperation.

Creating a child-friendly dental practice

- Small-scale, durable furniture accessorised with safe, fun toys, books and magazines should be used to help diffuse anxiety and make the waiting time pass in a pleasant way.
- Toys made of wood, blocks and big-sized Lego are sturdier. They should be large enough not to be swallowed by young children, and should be easily and regularly washed with child-safe sprays or anti-bacterial wipes.
- If space permits, a television set playing cartoons can be installed.
- Fun and bright colours on the walls will help brighten the mood. The walls can be decorated with child-level artwork and educational posters. After all, it is never too early to educate patients.
- Coloured patient bibs and masks and coloured and flavoured gloves can help make a child-friendly environment. A child can even be given a pair of gloves and a mask at the end of treatment to 'play dentist' at home.
- Sharp corners should not be present. Electrical outlets should be placed at least 6 feet above the floor so that they are out of reach of children.
- Position the children's play area so that they are kept away from the front door and your staff do not have to babysit them.

By having good communication skills, dental practitioners will be equipped with the appropriate language to negotiate boundaries for parent involvement.

Children can sense fear and nervousness in their parents, so it is essential that dental professionals reassure the parents, preferably not in front of children, about various dental aspects that they may be worried about. By educating and discussing treatment options with the parents, any potential conflicts can also be avoided while obtaining informed consent. For further information on how to maximise the effectiveness of your communication with adults, please read *'Why does communication sometimes fail?'* and *'Top tips for successful communication'*.

Utilising cognitive behavioural therapy

Cognitive behavioural therapy (CBT), as the name suggests, aims to change an existing behaviour, introduce a new behaviour and/or modify cognition. It is therefore important that all dental practitioners are competent in implementing a number of techniques based on CBT, as they 'have proven efficiency in preventing and treating dental fear and anxiety, and behaviour management problems' (Klingberg, 2006). Here we talk about a wide range of CBT-based strategies that can be used with any child to gain a desired behaviour.

Stepwise learning, gradual exposure

A child becomes familiarised with the dental practice and dental professionals in small steps. Ideally, the child's dental experience should start with a check-up before moving onto any curative, invasive and potentially stressful treatment.



All new treatments and instruments should be introduced and shown to the child in the way that best suits his/her needs and level of maturity (tell-show-do). For information on the tell-show-do technique, please read *'Towards a child-friendly practice I – Communicating with children'*.

By gradually exposing the child to a moderate increase in stress and possibly fear, he/she can slowly gain confidence and create a feeling of ability to cope. At this stage it is vital that dental practitioners reinforce the feeling and, if the child is unable to cope, express empathy or simply go back to the previous step for more training (Klingberg, 2006).

Distraction

By distracting the child's attention and thus giving him/her a short break from what may be perceived as an unpleasant procedure, a dental professional will be able to avert negative or avoidance behaviour (AAPD, 2008).

Modelling

This is an indirect approach of learning as children learn from seeing, possibly on a video, other non-anxious children, friends or parents undergoing dental treatment.

Three basic patterns of child-parent interaction (Klingberg, 2006)

- **Competent interaction** – socially-competent children are more likely to have parents with a consistent, warm and nurturing parenting style. These parents are less intrusive during dental treatment.
- **Aggressive interaction** – aggressive children tend to have parents who cannot set limits, lack warmth and who may be inconsistent, harsh and rejecting.
- **Anxious interaction** – anxious children often have controlling and authoritative parents who are punitive, set strict rules and inhibit the child's socio-emotional development.

By observing other people's coping strategies, the child will be reassured and may even incorporate those strategies observed into his/her own dental anxiety management (Klingberg, 2006).

Prevention of procedural pain

A perception of pain is the very reason why many children fear dental treatment, and this issue should be addressed by both psychological and physical means. Initially, the dental practitioner should reassure both the child and the parent. This can be achieved by the dental professional discussing with, and demonstrating to, the child and the parent how the treatment will be carried out and what measures will be taken to ensure that pain, if any, is minimised.

Following reassurance, physical approaches should be used if there is a risk of procedural pain. The European Academy of Paediatric Dentistry (EAPD) advises the use of topical anaesthesia and local anaesthetics for minor treatment as well as pre- and post-operative general analgesics for more extensive procedures.



In case of particularly fearful children, sedatives such as nitrous oxide-oxygen and benzodiazepines should also be considered (Klingberg, 2006).

Working with children and their parents may sometimes be more complex than we would like. However, by successfully applying the strategies and tactics explained here in the right setting, any dental practitioner will be able to provide effective oral health care for children, establish trust with parents and maximise the value of the service they provide – a win-win situation for all.

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 communication between dental practitioners, children and their parents and top tips that could help ease, and maximise the effectiveness of, the communication process, refer to the article: *'Towards a child-friendly practice I – Communicating with children'*. 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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