

# BEHAVIORAL MANAGEMENT TECHNIQUES

Please read this form carefully and ask questions about anything you do not understand. We are eager to explain things further, if needed.

It is our goal that all care delivered in this office be of the highest quality possible. Sometimes completing treatment is difficult or even impossible due to a child's lack of cooperation. Behavior may be influenced by many circumstances, including but not limited to: history of a previously traumatic experience, lack of maturity, developmental or behavioral abnormalities, physical disabilities and stubbornness. Disruptive behaviors may include hyperactivity, resistive movements, refusing to open the mouth or keep it open, turning the head, and even aggressive or physical resistance to treatment. Aggressive or physical resistance can include screaming, biting, hitting, kicking and grabbing the dentist's hands or grabbing our sharp dental instruments.

Every effort will be made to obtain cooperative behavior by using warmth, kindness, friendliness, persuasion, gentleness, and understanding. However, occasions may arise where additional behavior management techniques may be required to eliminate or reduce disruptive behavior and to prevent the child from injuring themselves or our staff. The following is a list of the most commonly utilized techniques in our office and the pediatric dental community:

1. **Tell-Show-Do:** The dentist or staff educates and prepares the child for the procedure by telling them what is going to happen next, showing them what will happen and completing the procedure just like he/she said. This is very helpful to alleviate fear of the unexpected or unknown.
2. **Positive Reinforcement:** The staff attempts to always reward good behavior with positive affirmations in the form of verbal praise or material rewards (toys and stickers).
3. **Voice Control:** The staff may raise and lower the volume and tone of their voices to both discourage disruptive behavior and acknowledge good cooperation. Much care is taken as to not make the child feel threatened. It is not the content of the discussion that is important, but the way in which it is communicated.
4. **Solo Communications with the Child:** Those individuals who accompany the children to their dental visit are asked to be passive observers, unless the dentist or staff elicit their involvement in the conversation. This is important so that the child can clearly hear the commands from the dentist and or staff. If too many individuals are speaking to the child at once, the child may become confused or frustrated.
5. **Mouth Props:** These are devices that may be placed into the child's mouth to prevent them from closing at inappropriate times, which may result in them injuring themselves or compromising treatment.
6. **Active/physical Restraint by Dentist, Staff, and/or Parents:** On occasion, it is required that some restraint be used to prevent the child from injuring themselves or others. This may involve gently holding the child's hands, stabilizing the head, and/or controlling leg movement.
7. **Passive Restraint by protective stabilizing equipment:** The use of this type of restraint is a standard of care in medicine. The Papoose Board or Joey Board is the safest and most compassionate way to ensure quality dental treatment of an uncooperative child. It holds arms, body and legs secure with Velcro and cloth wraps during treatment. It is the best alternative when a child is too strong to actively restrain. Parents may hold their child's hand during the procedure to provide a comforting connection.
8. **Nitrous Oxide Sedation (Laughing Gas):** This technique is indicated for children who may be mildly or moderately anxious. It is not intended to put children to sleep, but only relax them, to minimize their anxiety. There is no known risk to children from this technique, and the effects are eliminated within 5 minutes of breathing 100% oxygen or room air. It requires the child to breathe through the nose mask to ingest the gas, therefore, a child who is crying would not benefit from Nitrous Oxide.
9. **Oral Conscious Sedation/Pre-Medication:** Due to anxiety and fear of dental care, children may need a special procedure to allow their treatment to be done safely and efficiently. Oral conscious sedation is the use of a sedative drug administered orally in the dental office prior to dental treatment. Sedation can help increase cooperation and reduce anxiety and/or discomfort associated with dental treatment. These sedative drugs minimally depress the level of consciousness, while allowing the child to independently and fully maintain their breathing and circulatory functions. The child can respond to verbal commands and physical stimulation. Your child is monitored continuously throughout the procedure, while the positioning and protective stabilization equipment mentioned above is also available to provide additional safety during the procedure.

**Verbal consent will be obtained from a parent/guardian prior to the use of nitrous oxide.**

**The use of active/passive restraint and oral conscious sedation require additional signed consent forms.**