

TREATMENT PHILOSOPHY

We are very happy that you have chosen our office, and we certainly want you to be at ease with us. We would like to tell you of some things that we have learned in providing dental care for our children patients over the years. A part of our role is to recommend to you the various treatment options available, based upon professional judgement. If you refuse all reasonable treatment options offered, we are obligated to attempt to advise you in an effort to assist you in overcoming ungrounded misunderstandings, fears, or misapprehensions.

We prefer that the parent(s) remain in the reception room. Research on this question has shown that children perform much better without the parent present. If it is deemed helpful, the doctor may invite the parent into the operatory.

Your child's reaction to the dentist, hygienist, or assistant may be one of fear, resulting in crying or struggling, in an attempt to avoid the dental procedure. If this occurs, please do not be overly concerned. Your young child probably cries when you leave him or her with a baby-sitter, but that doesn't keep you from going out. In fact, you probably do not give this a great deal of thought. Neither should such behavior be a great concern in our office. One of our goals is that your child will learn to accept this new environment, with all of the distractions of the bright lights, the sounds, and the manipulation of the mouth that are necessary to perform our services.

There are a number of different types of crying that have been identified with children, four of which are as follows: FEARFUL CRYING is that of the child who is genuinely fearful of the unknown or of a perceived harmful or threatening situation. DEFIANT CRYING is that of the child who is defying the authority of an adult or a peer. MAD CRYING is that of the child who is angry with another. COMPENSATORY CRYING is crying that functions to override or drown out monotonous or frightening noises. The crying serves to "compensate" for the noise.

We have a term for the child who cries because of fear in the dental office. It is called NORMAL. Fear is a natural reaction to an unknown environment and to authoritative figures. However, parents should make their best effort to calm such fears by using their influence prior to and during the office visit. This parental control may be simply a firm, authoritative command from you such as: "Mary, you behave yourself right now!"

An article by Ann L. Griffen, D.D.S., M.S., "Ethical Issues in Managing the Noncompliant Child," appeared in Pediatric Dentistry, May/June, 1992, pp. 178-183. Dr. Griffen states: "Children who refuse dental treatment present particularly difficult problems...In providing care to noncompliant pediatric patients, dentists must manage highly emotional situations, sometimes instantaneously...Many children growing up in today's more permissive society resist old-fashioned, stern but gentle paternalism."

Dr. James Dobson states: "Children need to be taught self-discipline and responsible behavior. They need assistance in learning how to handle the challenges and obligations of living. When properly applied, loving discipline works! It stimulates tender affection, made possible by mutual respect between parent and child. It bridges the gap that otherwise separates family members who should love and trust each other. It allows us to introduce God to our beloved children. And, it encourages a child to respect other people and live as a responsible, constructive citizen."

Griffen states: "...children younger than 7 years of age have magical views regarding illness and have very little capacity to appreciate the consequences of treatment options. Children in the 7-to-13-year age group usually gave disproportionate weight to present benefit as compared to future effects, so that they may be very reluctant to chose dental treatments which require present pain to achieve future benefits. By age of 14 or 15 years, most children possess health care decision-making capacity equal to that of the average adult."

"Behavior Modification" in pediatric dentistry is a broad concept, encompassing a number of progressive steps. Dr. Griffen states: "The objective of behavior management interventions is to allow the reasonably efficient delivery of dental care of satisfactory quality. There is no reason to suspect any harm will result from the positive psychological techniques used to elicit patient compliance such as tell-show-do, positive reinforcement, and

modeling. These techniques are informative, and as such, can be considered part of the duty of the dentist to the patient to explain procedures in language the patient can understand."

Children are highly susceptible to suggestion. We will make every effort to use the power of suggestion to put your child at ease, by distracting him or her from the environment with conversation. If this method fails, we will attempt the use of an authoritative voice. The term for this type behavior modification is "Voice Control." With our normal voice, we may make certain demands on your child in an attempt to calm the child.

If this sequence of events fails, we may tell the child that we are going to ask the parent to go out to the reception room if they do not stop crying. If the behavior does not improve, the parents departure from the room usually results in an improvement of the behavior, sometimes to the point that the child will fall sleep during treatment. Young children usually behave much better when the parent is not present. Why? Without knowing it, parents can have a facial expression of concern or sympathy which the child quickly interprets as a reason to react with fear.

If the parent insists on being present, she or he should act as a silent observer. It is counterproductive for a parent to say, "It's all right," or, "Mommy is here..." Although this may sound reassuring, such statements imply to the child that what is occurring is harmful or threatening. If the parent must speak, it would be more helpful to be positive or authoritative, by saying: "Mary, I want you to stop crying and be real still." Any help that you can provide us will make your child's visit proceed much better.

Please, under no circumstances should a parent use the terms "needle," "shot," "drill" or "pull." Such words are universally associated with the dental office and often used by adults to describe a prior unpleasant experience. We prefer to use the term "sleepy water" for the anesthetic or shot. We do not "pull teeth." We "wiggle" them or "elevate" them. It may sound trivial, but the words that are used make a big, big difference with the young child.

Be assured that we will not hurt your child. We first apply a "topical anesthetic" to the gum followed by a local anesthetic, Xylocaine, to make the tooth and surrounding area completely numb. Our conversation with your child during the injection is: "I am going to rub your gum with my finger and then put some sleepy water on that place...then it will feel like it is getting fat."

Usually, the child is not even aware that we have given an injection. If there should ever be any doubt about complete local anesthesia, we will make a second injection. However, sensations such as vibration, the noise of the dental handpiece, or the sound of another child crying, can cause your child to interpret the manipulation within his mouth as painful. That is not the case.

Our chief desire is for you to be pleased with our professional services. If you have any question about our care for your child, please feel free to question us. The last thing that we want to occur is a misunderstanding. Your child's need for preventive and, sometimes, restorative dentistry is essential for overall health and cannot be avoided. We need your utmost understanding and assistance.