

Virtual PediaRaRe 5.0



Indian Society of Pedodontics and Preventive Dentistry



BDS –Dr. R. Ahmed Dental College & Hospital , Kolkata (Gold Medalist),

MDS –from SPPGIDMS, Lucknow,

PhD –Pursuing from Siksha O Anusandhan University, Bhubaneswar

Academic Position - **Prof & Director & PG Guide**, Dept. of Pediatric and Preventive Dentistry, SPPGIDMS, Lucknow

Area of Interest – Early Childhood Caries, Pediatric Endodontics,, Behaviour Management including Special Children

Guest lectures – Invited as **Guest speaker in more than 40 forums** at both National and International Levels

Publications and Research –

- More than **95 publications** in National and International Journals and **2 text book** contributions.
- More than **34 research projects** completed under her guidance and **8** are on-going Research as Investigator and Guide

Awards and Achievements-

Awarded **Gold Medal** in **Oral and Dental Anatomy, Oral Pathology& Microbiology and Clinical Prosthetics & Crown and Bridge** under **University of Calcutta**.

Recipient of **ICD Merit Award (International College of Dentists) 1998**

Best paper awards in **36th, 38th, and 39th** ISPPD conferences.

Awarded **Best Paper** at **International Conference of Forensic Odontology and Child Abuse (August 2019)**, held at **KGMU, Lucknow**

Awarded **“Outstanding Researcher in Pedodontics”** by **Cynodent International Awards 2021**.

Awarded **“Pedodontist of the Year”** by **Asia Pacific Dental Excellence Award 2022**.

“Highest number of Publications” award in the institute consecutively for **3 years (21-22,22-23,23-24)**

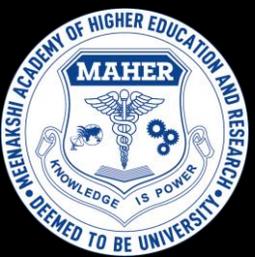
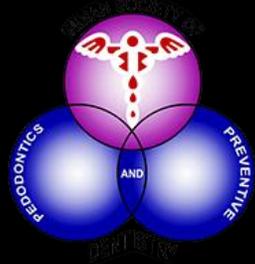
Vice President- ISPPD

Founder Member- SAAPD

Former EC Member of ISPPD (2018-19,2019-20,2021-22)

Member Curriculum Committee, Pediatric Dentistry, Dental Council of India

Dr. Sonali Saha MDS, Fellow ADI (USA)



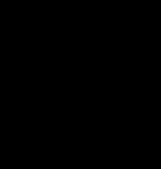
BASIC BEHAVIOUR **GUIDANCE**

CONTENTS

- **Introduction**
 - **Important Definitions**
 - **Goals of Behaviour Guidance**

 - **Advancements in Behavior Management Techniques**
 - **PREAPPOINTMENT BEHAVIOUR MODIFICATION**
 - **BOOKS**
 - **TELL-SHOW-PLAY-DOH**
 - **ASK-TELL-ASK**
 - **TELL PLAY DO**
 - **SMART PHONE DENTAL APP**

 - **Conclusion**
 - **Previous Years Questions**
 - **Must Reads !**
- **COLOUR THERAPY**
 - **ANIMAL ASSISTED THERAPY (AAT)**
 - **MEDICAL CLOWNING**
 - **CLASSICAL CONDITIONING AS MEANS OF BEHAVIOUR MANAGEMENT**
 - **ACTIVE DISTRACTION**
 - **HOME (HAND OVER MOUTH EXERCISE)**
 - **PHYSICAL RESTRAINTS**
 - **PATIENTS WITH SPECIAL HEALTHCARE NEEDS**



AS PERFECTLY STATED BY McELORY (1895):
'ALTHOUGH OPERATIVE DENTISTRY MAY BE PERFECT,
THE APPOINTMENT IS A **FAILURE** IF A CHILD
DEPARTS IN **TEARS**'



**Are You a
Mind Reader
or a
Mind Knower?**



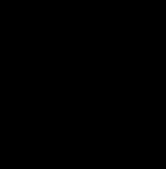
PEDIATRIC DENTISTS SHOULD BE TRAINED TO READ THE CHILD'S MIND



- THE MAIN AIM OF PAEDIATRIC DENTISTRY IS TO CREATE A **POSITIVE ATTITUDE** IN CHILDREN FOLLOWING A DENTAL VISIT



- BY IMPRESSIONS DURING THE **CHILDS FIRST DENTAL VISIT**



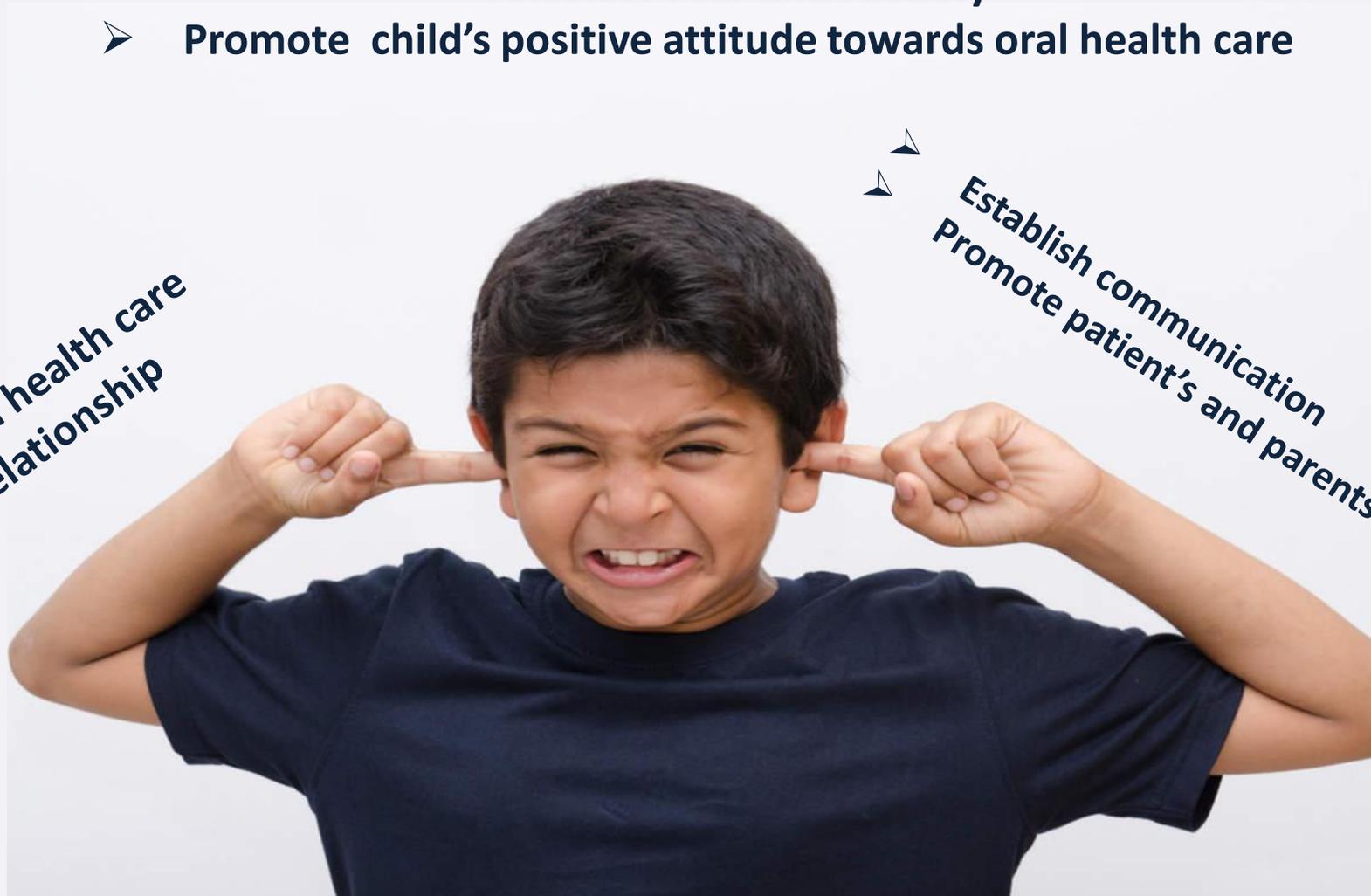
THE FIRST DENTAL VISIT IS ALWAYS ACCOMPANIED BY **FEAR & ANXIETY**



- Since children exhibit a broad range of physical, intellectual, emotional, and social development and a diversity of attitudes and temperament, having a wide range of behavior guidance techniques to meet the needs of the individual child and being tolerant and flexible in their implementation is essential.
- **BEHAVIOR MANAGEMENT** (*Wright,1975*) :
The means by which the dental health team effectively and efficiently performs dental treatment and thereby instills a positive dental attitude.
- **BEHAVIOR GUIDANCE** : (**AAPD**)
Is a continuum of individualized interaction involving the dentist and patient directed toward communication and education “which ultimately builds trust and allays fear and anxiety”.
- Behavior guidance is a **continuum of interaction** involving the dental team (i.e., dentist and staff), the patient, and parent **directed toward communication and education** before and during the delivery of care.

BEHAVIOR GUIDANCE GOALS:

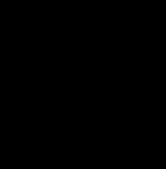
- Alleviate Fear and Anxiety
- Promote child's positive attitude towards oral health care



- Provide quality oral health care
- Build a trusting relationship

- Establish communication
- Promote patient's and parents' awareness

BEHAVIOR GUIDANCE TECHNIQUES RANGE FROM
**ESTABLISHING OR MAINTAINING COMMUNICATION TO
STOPPING UNWANTED INAPPROPRIATE BEHAVIORS**





BEHAVIOR GUIDANCE SHOULD NEVER BE PUNISHMENT, POWER ASSERTION, HURTING/SHAMING

Ho JCY, Chai HH, Lo ECM, Huang MZ, Chu CH. Strategies for Effective Dentist-Patient Communication: A Literature Review. Patient Prefer Adherence. 2024 Jul 1;18:1385-1394

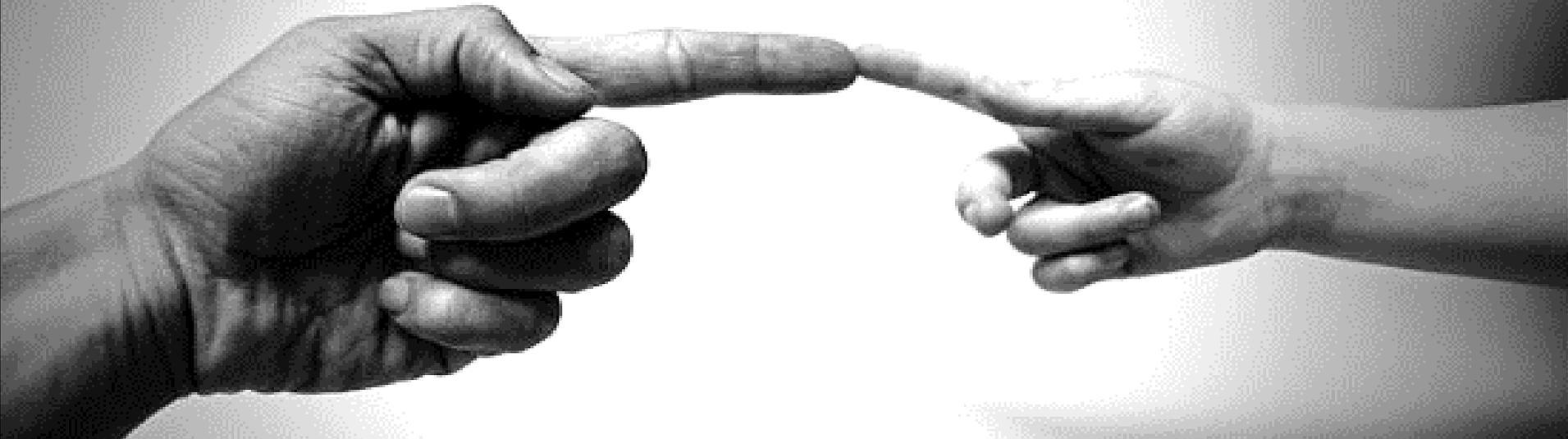


COMMUNICATION IS A COMPLEX MULTISENSORY PROCESS
HAVING THE ABILITY TO

LISTEN, EMPATHIZE ULTIMATELY **ESTABLISH**
A **TRUSTING DENTIST-PATIENT RELATIONSHIP**



CONSEQUENTLY, BEHAVIOR GUIDANCE IS AS
MUCH AN **ART** AS IT IS A **SCIENCE**

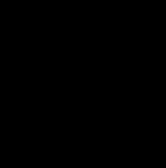


Dang BN, Westbrook RA, Njue SM, Giordano TP. Building trust and rapport early in the new doctor-patient relationship: a longitudinal qualitative study. *BMC Medical Education*. 2017;17(1):32



THE BIGGEST CHALLENGE FOR ANY PAEDIATRIC DENTIST IS TO **MAINTAIN COMMUNICATION** WITH A CHILD





LAMB (1993) REPORTED THAT 25% OF PATIENTS WERE LOST DUE TO **POOR DENTIST-PATIENT COMMUNICATION** OVER A PERIOD OF 5 YEARS



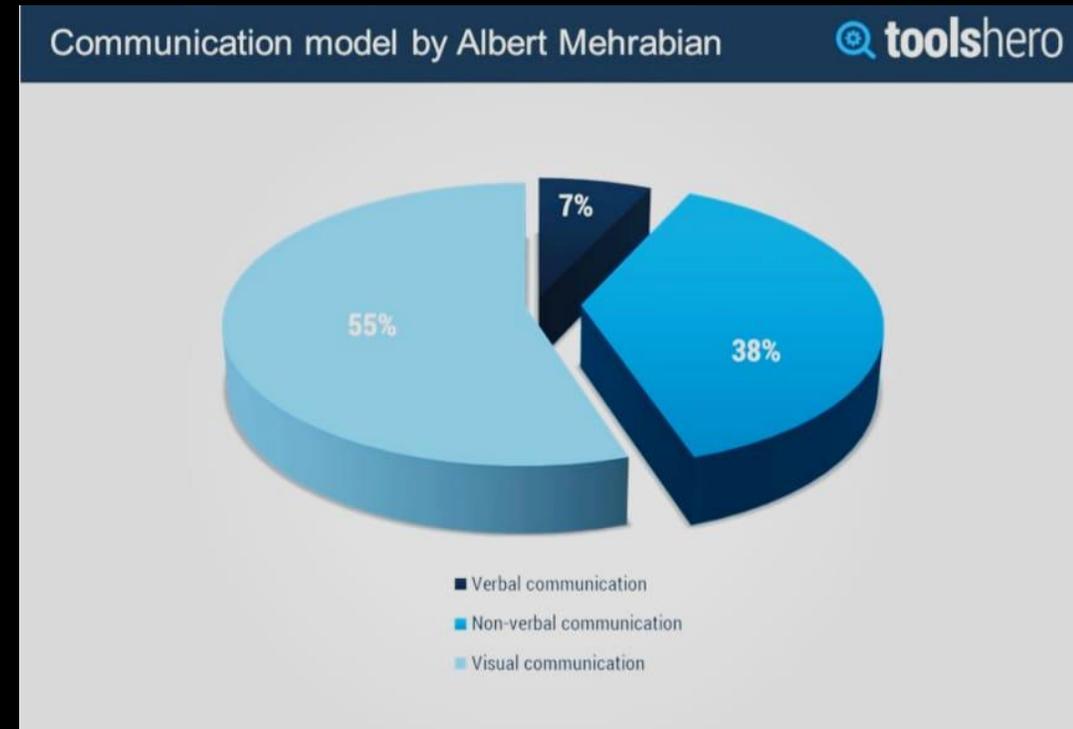
COMMUNICATION IS A TWO-WAY PROCESS WITH VERBAL UTTERANCES AND NON-VERBAL CUES





MEHRABIAN (1972) STATED:

- **55%** OF COMMUNICATION IS THROUGH NONVERBAL ELEMENTS SUCH AS GESTURES, FACIAL EXPRESSIONS & POSTURES
- ONLY **7 %** IS IN WORDS
- **38%** IN VOCAL (TONE, VOLUME, AND PACING)



Mehrabian, A. (1972). *Nonverbal Communication* (1st ed.). Routledge. <https://doi.org/10.4324/9781351308724>



**VERBAL COMMUNICATIVE MANAGEMENT AND
APPROPRIATE USE OF COMMANDS - CHILD'S EXPOSURE TO
DENTISTRY MORE PLEASANT AND ACCEPTABLE**



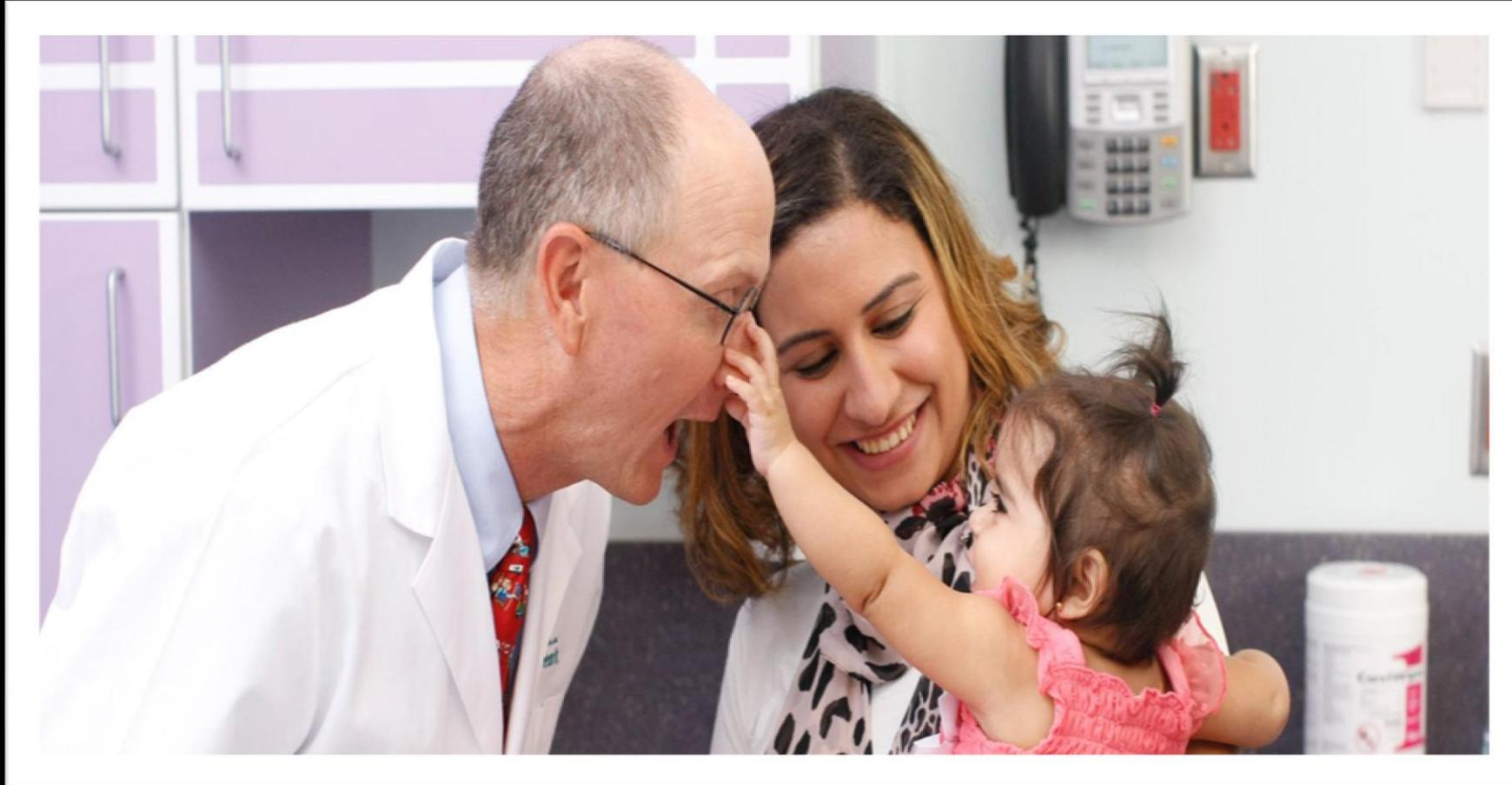
Three Basic Models Describe The Characteristics Of Verbal Communication



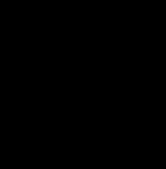
GUIDANCE COOPERATION in which the child allows the dentist to **BE DIRECTIVE** in which the dentist totally controls the situation by direct, on the assumption that the dentist has the knowledge and expertise asking questions and active patient and dentist relationship together required to help, (therefore the child complies with instructions)



Which is the best? To describe the conversation between **DENTIST** and **CHILD**....



It is necessary to **Modify** and **Adapt** this model to the office of the **Pediatric Dentist**



“CHILD-CENTERED APPROACH”

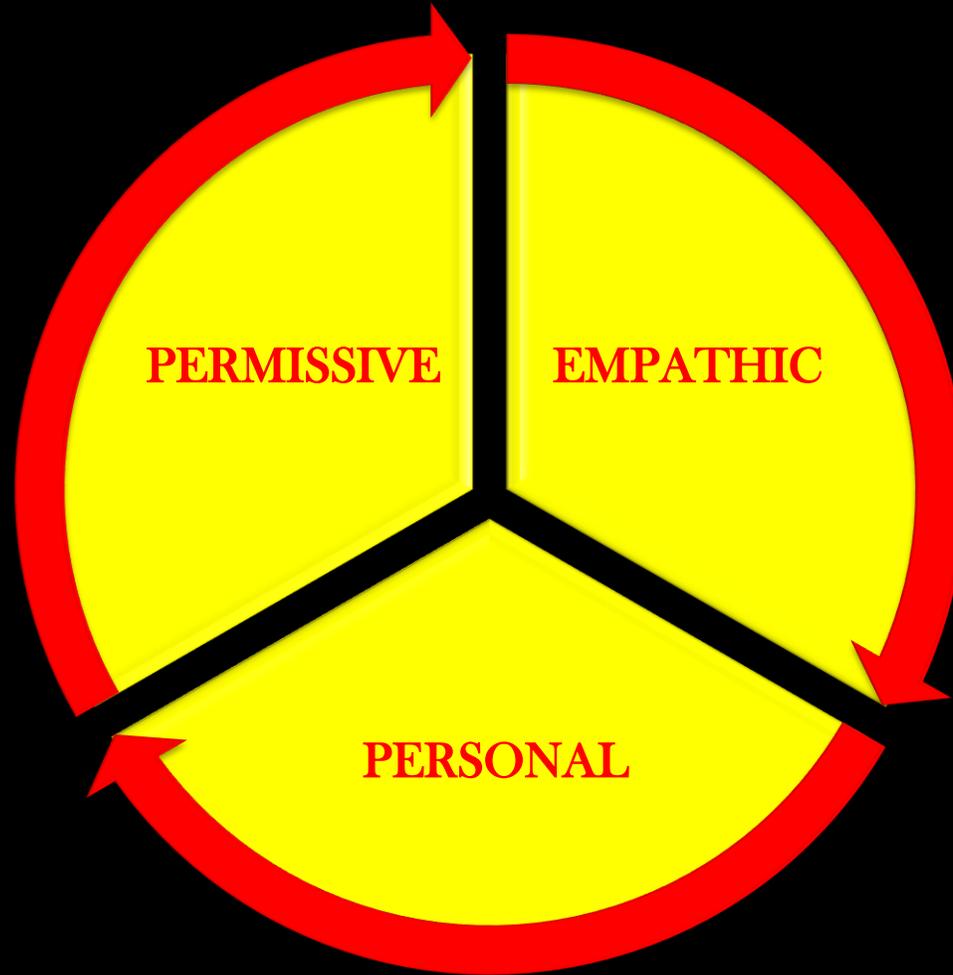
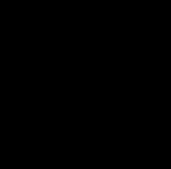


IT IS THE DENTIST'S RESPONSIBILITY TO ALLEVIATE THE CHILD'S FEARS AND TO GAIN TRUST AND COOPERATION



CHILD CENTERED APPROACH

includes **3 Verbal Approaches**





PERMISSIVE APPROACH



**PATIENT PROVIDED WITH RELEVANT INFORMATION
TO REDUCE UNCERTAINTY**



EMPATHIC APPROACH



CAPACITY TO ACCOMMODATE INDIVIDUALITY IN
ANOTHER'S SHOES

ABILITY TO **FEEL** AND **EXPERIENCE** THE
SITUATION THE CHILD FACES



PERSONAL APPROACH



- ESTABLISHING **RAPPORT** WITH THE CHILD
- BUILDING A **TRUSTFUL RELATIONSHIP**
- CREATING A **FEELING OF A SAFE ENVIRONMENT**



THIS **“CHILD-CENTERED APPROACH”** HAS BEEN
MODIFIED BY **ASOKAN & NUVVULA (2017)** AND A NEW
TERMINOLOGY HAS BEEN COINED
“PEDIATRIC DENTISTESE”



Asokan, Sharath & Nuvvula, Sivakumar. (2017). Pediatric Dentistese. Journal of Indian Society of Pedodontics and Preventive Dentistry. 35. 2-5.



WITH STALWARTS OF CHILD PSYCHOLOGY & BEHAVIOR MANAGEMENT

DATE: 09/09/2024

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- “The **Proactive Development-based Individualized Communication Between The Pediatric Dentist and The Child Which Helps To Build Trust, Allay Fear And Treat The Child Effectively & Efficiently**”
- **The Message Has To Be Conveyed Differently For Different Age Groups Of Children**





COMMUNICATION BASED ON AGE



- THE FIRST FORM OF COMMUNICATION OF **NEW BORN**S IS **CRYING**
- NEWBORNS PREFER TO **HEAR SPEECH** OVER OTHER SOUNDS -- **CHILD-DIRECTED SPEECH**
- **ATTRACTS** INFANTS' ATTENTION MORE



INFANTS COMMUNICATE

- WITH CRIES, COOS, GURGLES & GRUNTS

NONVERBAL GESTURES

- FACIAL EXPRESSIONS
- BODILY MOVEMENTS
- EYE MOVEMENTS
- LIMB MOVEMENTS



BETWEEN 2 & 4 MONTHS

INFANTS BEGIN MAKING SOUNDS - **MORE PLEASANT AND LANGUAGE-BASED**

COMMUNICATION MORE IS A **PRE-LANGUAGE "CONVERSATION"**

4–6 Months

Begin **Speech-like Sound With No Meaning**

- **Cooing** turns into **Babbling**
- **One-Syllable** Sounds

6–8 Months

Begin To **Combine These Words**

Next Few Months -**Babbling Incorporates Sounds** learned from their **Native Language** environment

- By **FIRST BIRTHDAY**- Infants Usually Say Their First Words -Extension Of Babbling (Respond Quickly)
- Another Language- **ECHOLALIA**





TODDLERS (UP TO 3 YEARS)



- **GESTURES, ONE/TWO-WORD SENTENCES**
- **18 MONTHS-- VOCABULARY BURST**
- **2nd YEAR- WORDS ARE SYMBOLS**
- **2-3 YEARS--COMBINE WORDS IN PHRASES**

(Beginning of Use of Grammar)



- **All Children Use Language In The Same Way**
(Basic Information)



- They Like To **Explore** And **Move around**



- Get **Impressed/ excited** With Newness Of
Dental Operator



- Use Of **Symbolic Play**, **Euphemisms**
and **Nonverbal Communication**



PRESCHOOLERS (3–6 YEARS)

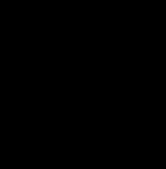


BY AGE 3- MOST BEGIN TO TALK IN FULL SENTENCES
CORRECT/ INCORRECT WORDS IN THE SAME SENTENCE



BY 6 YEARS - FORM GRAMMATICALLY CORRECT SENTENCES

CURIOUS, TALKATIVE, VERBALLY ENTHUSIASTIC



- **ACTIVE LISTENING WITH APPROPRIATE RESPONSES**
 - **IMAGINATIVE FEARS (Injections, Bodily injury)**
- **ROLE PLAYING AND MODELING - ENHANCE COMMUNICATION**



MIDDLE YEARS' CHILD (6–12 YEARS)



- Feel Comfortable With **TOUCH, PAT OR HANDSHAKE**
- Some Use **DELAYING TACTICS DURING DENTAL PROCEDURES**



They Want To Be Treated As **“BIG KIDS”**

Allow To **EXPRESS THEIR FEARS AND EMOTIONS**

ADOLESCENTS (12 YEARS AND UP)

- Seek To **UNDERSTAND THEIR PERSPECTIVE** First
- **EYE CONTACT** Must Not Be Forced



They are **NEITHER A CHILD NOR AN ADULT**

TYPICALLY ACT MORE NEGATIVE AND HAVE CONFLICTS WITH ADULTS



- **IDENTITY AND PEER RELATIONSHIPS** Are Key Issues Of This Age
- **NOT BEHAVE LIKE ONE IN THEIR GROUP UNLESS WE REALLY ARE**
- **COMMUNICATION THROUGH TOUCH ONLY WHEN IT IS WELCOME**
- **THEIR REACTIONS CAN BE UNDER-OR OVER EXAGGERATED**

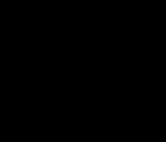


PARENTS

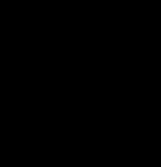


Communication with the **parents** is an added **challenge** to the **pediatric dentist**

Saadia M, Valencia R. Communicating with the New Generations. The Challenge for Pediatric Dentists. J Clin Pediatr Dent. 2015 .39(4):297-302



**TO BE TREATED AS THE MOST SPECIAL,
BEAUTIFUL & SMARTEST BABY IN THE
WORLD AND NOT AS PATIENTS**



COMMUNICATION & COMMUNICATIVE GUIDANCE

INTEGRATION Of Specific Techniques

Enhances EVOLUTION OF A COOPERATIVE PATIENT



AN ONGOING SUBJECTIVE PROCESS



ASSOCIATED WITH THIS PROCESS ARE THE SPECIFIC TECHNIQUES



PREAPPOINTMENT BEHAVIOUR MODIFICATION



- **Previews images** of dental treatment before dental appointment
- **Ask Relevant Questions** Before Dental Procedures Commence



Teledentistry

- Can be a **supplement to face-to-face methods** of paediatric dental care
- **Better patient management**, especially where **healthcare facilities are limited and ensure safety (Pandemic)**

American Academy of Pediatric Dentistry. Behavior guidance for the pediatric dental patient. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:321-39.

Sharma H, Suprabha BS, Rao A. Teledentistry and its applications in paediatric dentistry: A literature review. Pediatric Dental Journal. 2021 Dec 1;31(3):203-15.



DIRECT OBSERVATION

Shown a video or Directly Observe A Cooperative Child Undergoing



Objectives: Familiarize The Patient with Dental Setting
Provide an opportunity for patient/parent to ask questions

Alnamankany, A. Video modeling and dental anxiety in children. A randomized clinical trial. Eur J Paediatr Dent 2019;20(3):242-6.



MULTISENSORY COMMUNICATION



PROCESSING NEW SUBJECT MATTER THROUGH THE USE OF 2 OR MORE SENSES INCLUDING READ/WRITE-SCOTT 1993

TELL

SHOW

DO

(Addleston, 1959)



•Cornerstone of behavior management

• The classic model for **communicating** with children and **favorably conditioning** them to the dental experience thereby **attempting to remove the unknown.**

Indications

- Lacks dental **pre-conditioning** at a first visit.
- Apprehensive** because of information received from parents or peers
- Fearful** because of a prior painful experience

How to help kids brush 



Operates with **communication skills (verbal and nonverbal) and positive reinforcement.**



Lekhwani PS, Nigam AG, Marwah N, Jain S. Comparative evaluation of Tell-Show-Do technique and its modifications in managing anxious pediatric dental patients among 4-8 years of age. J Indian Soc Pedod Prev Dent. 2023 Apr-Jun;41(2):141-148.



MODIFICATIONS OF TELL-SHOW-DO



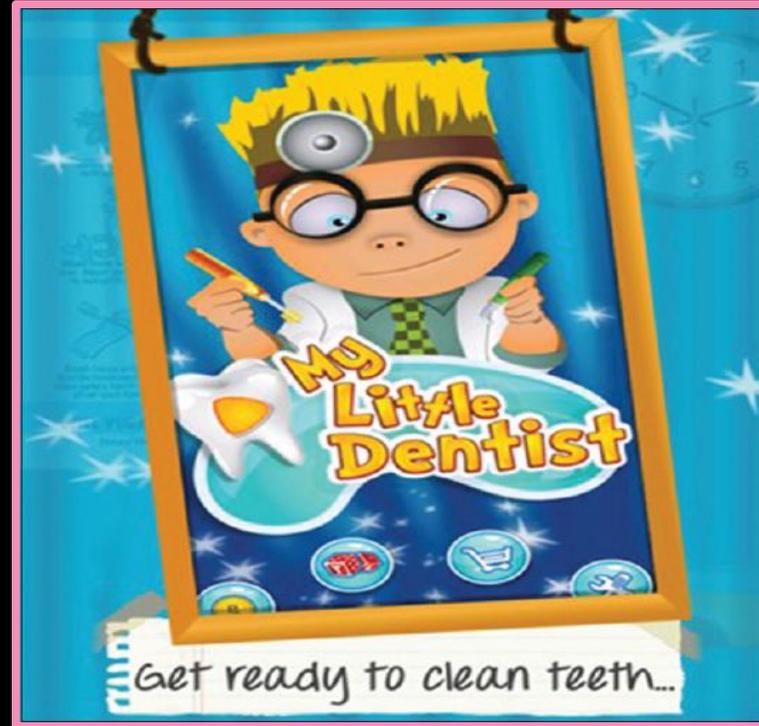
1. *Tell-Play-Do (TPD)*
2. *Tell-Show-Play-Doh*
3. *Tell Read Do*
4. *Dental Pictionary*
5. *Draw Tell Conversations*
6. *Ask Tell Ask (AAPD)*
7. *Audio-Tactile Performance Technique*



Tell-Play-Do (TPD)

Vishwakarma *et al.* (2017)

APPLICATION OF CUSTOMIZED DENTAL IMITATING



TPD More Effective Than Live Modeling
(On **Child's dental anxiety** Among **5-7 yrs**)

Kevadia MV, B Sandhyarani, Patil AT, et al. Comparative Evaluation of Effectiveness of Tell-Play-Do, Film Modeling and Use of Smartphone Dental Application in the Management of Child Behavior. *Int J Clin Pediatr Dent* 2020;13(6):682-687.



Tell-Show-Play-Doh

[Radhakrishna *et al.* (2019)]



- Battery-operated **“PLAY-DOH DOCTOR DRILL ‘N FILL TOY”**
- Introduced To Play And Familiarize Them With Dental Setup
- Consisting Of **Suction, Air Rotor And Air-water Syringe**



MODIFICATION IDEA - LEARNING BY DOING ON DENTAL IMITATION TOY WITH EUPHEMISMS

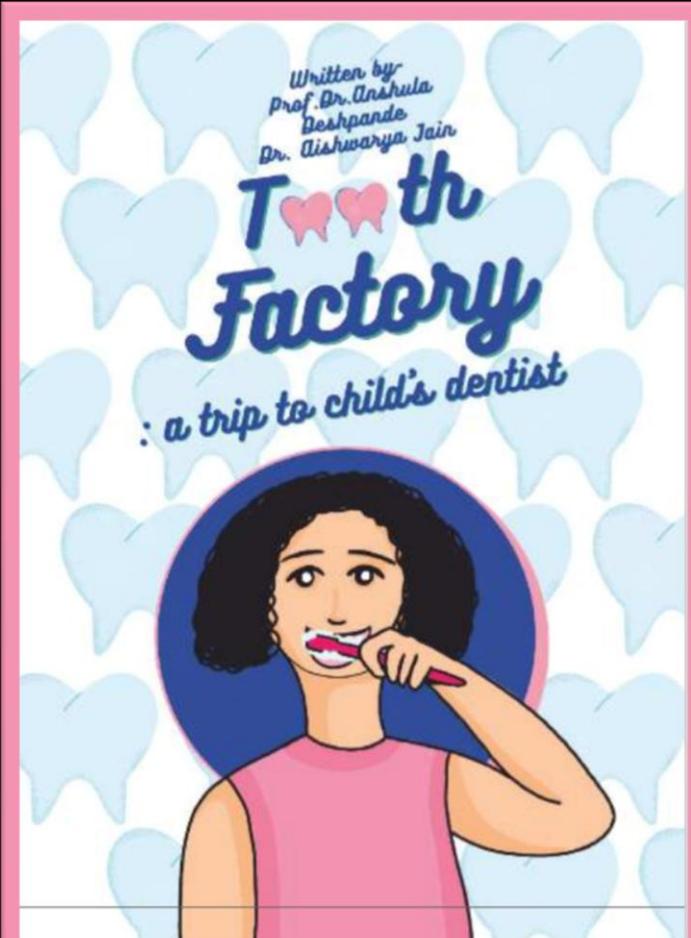
Radhakrishna S, Srinivasan I, Setty JV, D R MK, Melwani A, Hegde KM. Comparison of three behavior modification techniques for management of anxious children aged 4-8 years. J Dent Anesth Pain Med. 2019 Feb;19(1):29-36.



Tell Read Do

Deshpande *et al.* (2019)

- STORY BOOK READING THRU SELF DESIGNED BOOKS AND PICTURE SERIES



Effectiveness of self-designed dental storybook as behavior modification technique in 5 – 7 year-old children: A randomized controlled study

Anshula Deshpande, Aishwarya Jain, Yash Shah, Vidhi Jaiswal¹, Medha Wadhwa²

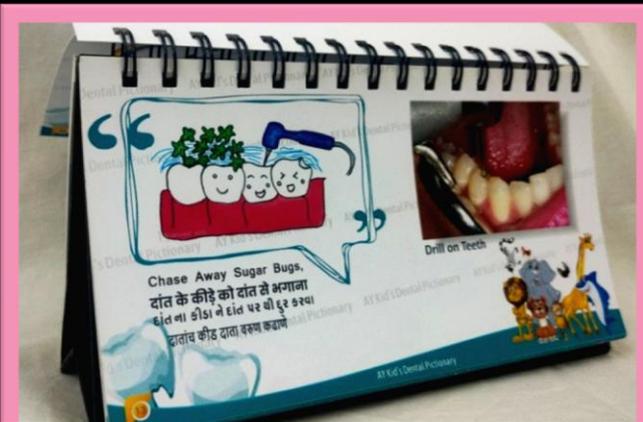
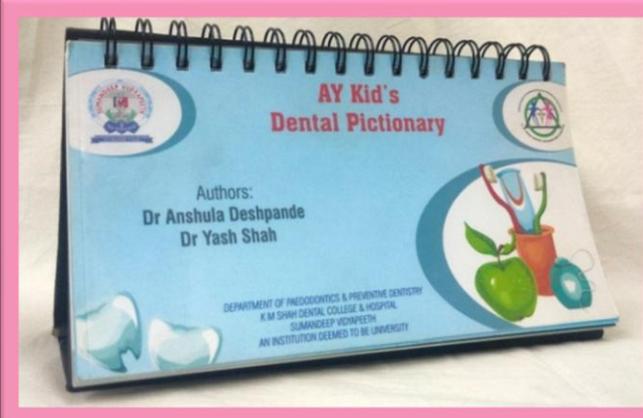
Department of Pediatric and Preventive Dentistry, K. M. Shah Dental College and Hospital, ¹Department of Pediatric and Preventive Dentistry, K. M. Shah Dental College and Hospital, Sumandeep Vidyapeeth, ²Department Management, Sumandeep Vidyapeeth, Vadodara, Gujarat, India



Dental Pictionary

Deshpande *et al.* (2019)

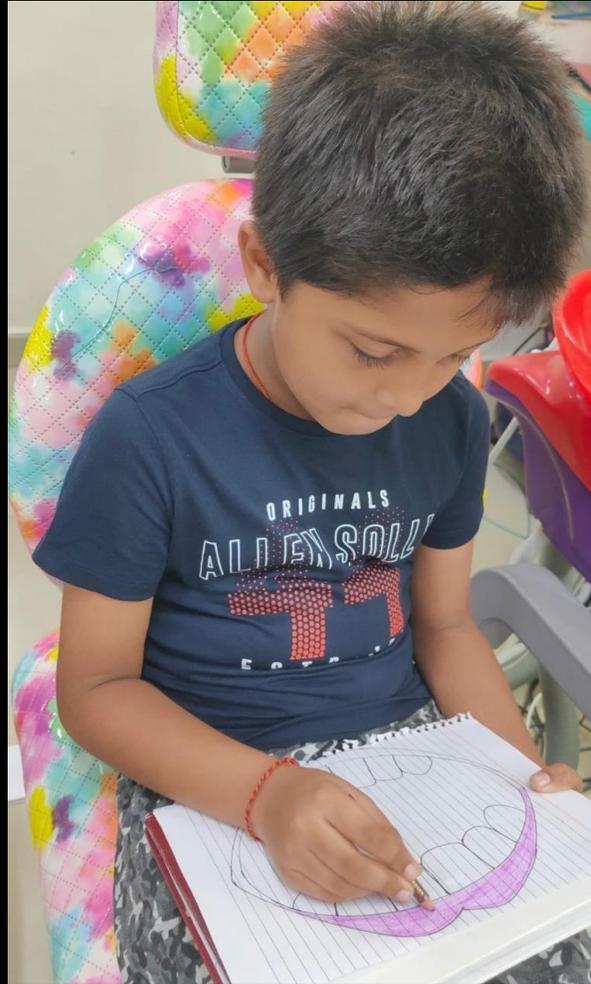
- Designed Based On Substitute Words Using Euphemisms/ Second Language
 - Pictorial Flashcards Displayed (Visual /Auditory)



Deshpande A, Jain A, Shah Y, Jaiswal V, Wadhwa M. Effectiveness of self-designed dental storybook as behavior modification technique in 5 - 7 year-old children: A randomized controlled study. Journal of the Indian Society of Pedodontics and Preventive Dentistry 2022 ;19(1):29-36



Draw Tell Conversations



- **Initiate** conversation
- Child **draws** what he thinks
- **Increases** conversation



Ask Tell Ask (AAPD)



To assess patient needs



Tell / Explaining the procedures



Continue to assess needs

Objectives:

- Assess anxiety that may lead to noncompliant behavior during treatment

- Teach the patient about the procedures and their implementation

- Confirm the patient is comfortable with the treatment before proceeding.

Original Article

Comparative evaluation of "Tell-Tell-Tell," "Ask-Tell-Ask," and "Teach back" communication techniques on oral health education among 12-13-year-old children - An educational intervention trial

Kanamarlapudi Venkata Saikiran, Rekhakshmi Kamatham, Sainath Reddy Elicherla, Karthik Anchala, Putta Sai Sahiti, Sivakumar Nuvvula

Department of Pediatric and Preventive Dentistry, Narayana Dental College and Hospital, Nellore, Andhra Pradesh, India

American Academy of Pediatric Dentistry. Behavior guidance for the pediatric dental patient. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2023:321-39.



TEACH BACK

The Dentist /Dental Staff Asks Patient To **Teach Back** What He Has Learned



Original Article

**Comparative evaluation of “Tell-Tell-Tell,”
“Ask-Tell-Ask,” and “Teach back” communication
techniques on oral health education among
12-13-year-old children - An educational intervention
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Kanamarlapudi Venkata Saikiran, Rekhalkshmi Kamatham, Sainath Reddy Elicherla,
Karthik Anchala, Putta Sai Sahiti, Sivakumar Nuvvula

Department of Pediatric and Preventive Dentistry, Narayana Dental College and Hospital, Nellore, Andhra Pradesh, India

tions Or **Demonstrations**

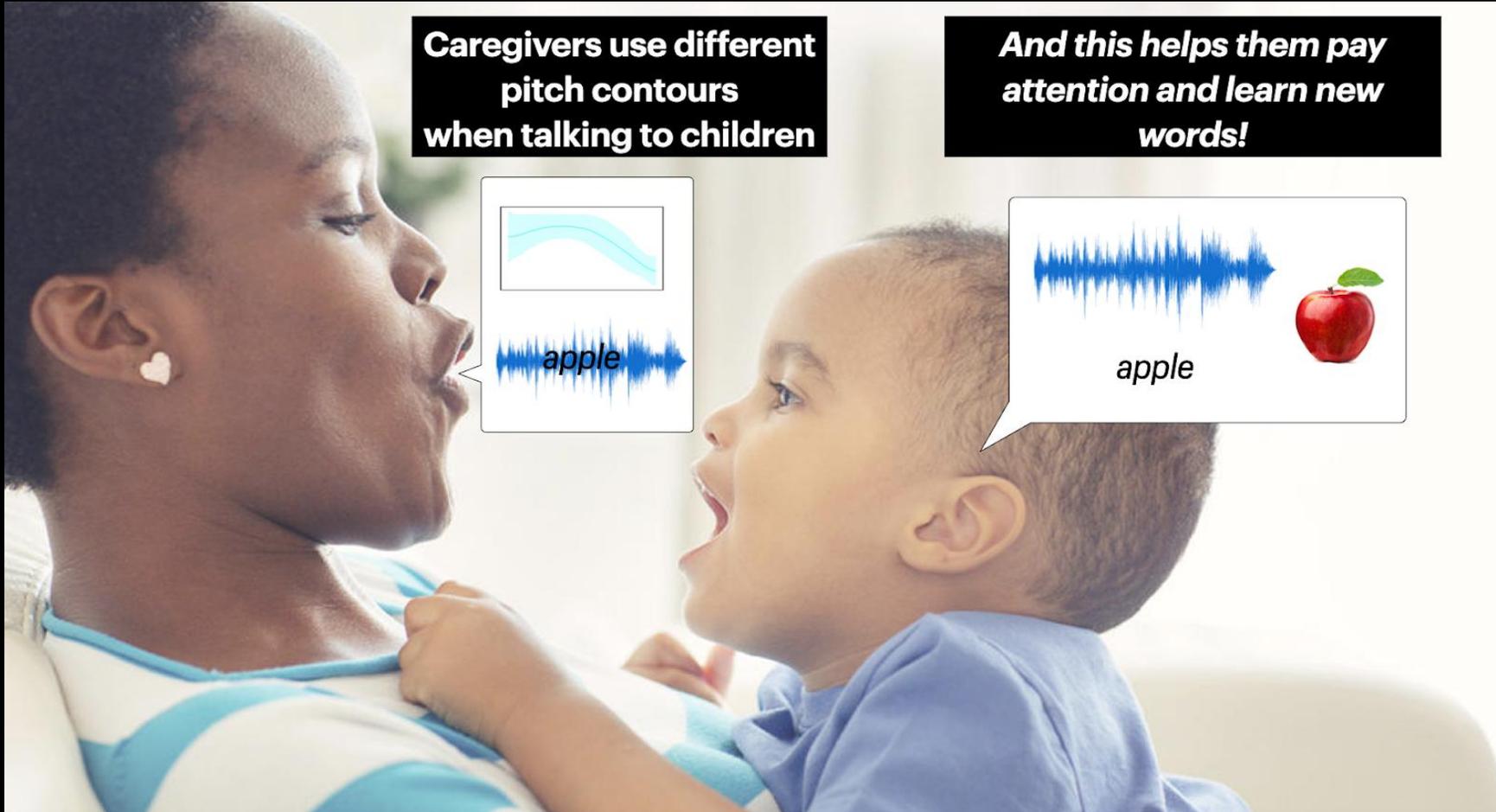
Audio-Tactile Performance Technique

- For Visually Impaired





VOICE CONTROL



Caregivers use different pitch contours when talking to children

And this helps them pay attention and learn new words!

Deliberate alteration of voice volume, tone, or pace to **influence** and **direct the patient's behavior**

- **Contraindications: patients who are hearing impaired**



HAND OVER MOUTH (Evangeline Jordan 1920).

Purpose - gain the attention of a child so that communication can be achieved.

- Effective in 3 to 6 years old children
- Children with simple verbal communicative abilities but who exhibits defiance and hysterical behavior during treatment
- Technique – timing: 20 to 30 seconds
- Controversy in usage



Variations-

- **Contraindications**
Child under 3 years of age.
Physical, mental and emotionally handicap.
- - Hand over mouth with airway restricted.
- - Hand over mouth & the nose & airway restricted
 - - Dry towel over mouth
 - - Dry towel over nose & mouth
 - - Wet towel over nose & mouth



NONVERBAL COMMUNICATION

Reinforcement and guidance of behavior through appropriate contact, posture, facial expression, and body language



Objectives:

Enhance the effectiveness of other communicative guidance technique

Gain or maintain the patient's attention and compliance.

- **CRUCIAL IN TODDLERS AND PRESCHOOLERS (VERSLOOT & CRAIG,1993)**

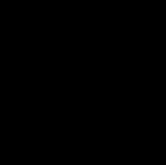


FACIAL EXPRESSIONS- A SMILE OR A FROWN



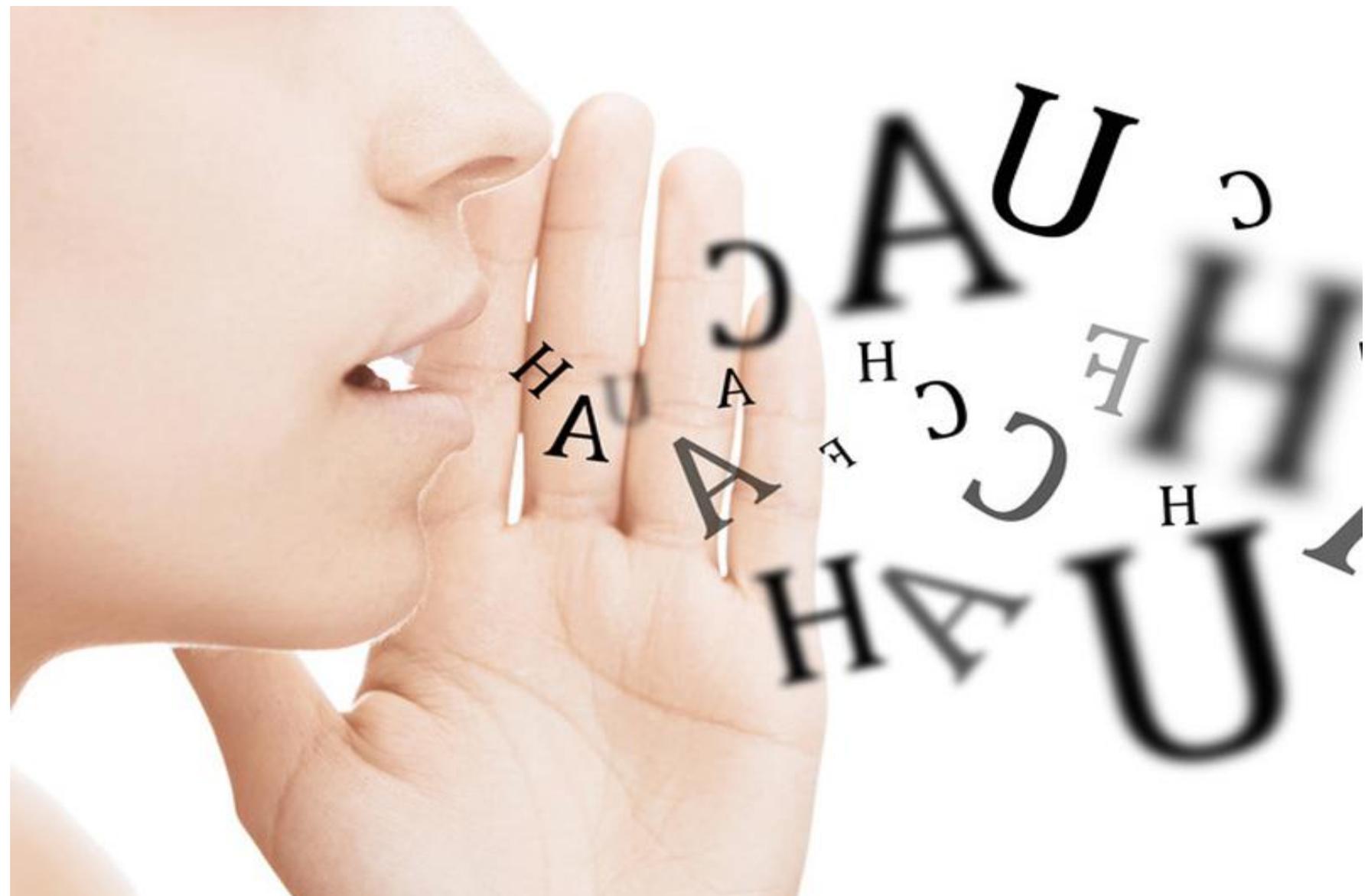


GESTURES- *WAVING, POINTING AND USING FINGERS*





PARALINGUISTICS- *TONE OF VOICE, LOUDNESS AND PITCH*





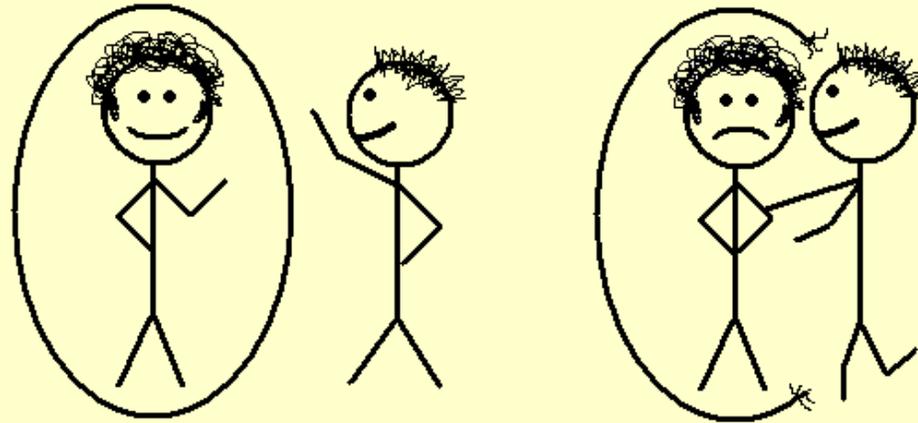
BODY LANGUAGE & POSTURE



PEDOSTYLE

PROXEMICS

- **STUDY OF SPATIAL DISTANCES BETWEEN INDIVIDUALS.**
- People Often Need Their **“Personal Space”** -Important Aspect Of Nonverbal Communication



Ok

Not Ok

- **FEAR OF INTRUSION - DENTAL FEAR IN CHILDREN.**



EYE CONTACT

IMPORTANT TO MAKE AND MAINTAIN EYE CONTACT WITH CHILDREN



- **SITTING AND SPEAKING AT EYE LEVEL SHOWS A FRIENDLIER AND LESS AUTHORITATIVE NATURE OF THE DENTIST**

Gamble TK, Gamble MW Interpersonal Communication: Building Connections Together. 2014 Los Angeles SAGE Publications Inc.:150–87

HAPTICS- COMMUNICATING THROUGH TOUCH



**A HANDSHAKE OR A PAT
GOOD SOCIAL REINFORCERS IN THE DENTAL OFFICE**

Beni K, Mukherjee CG, Kumar A. Non-pharmacology means of child behaviour management: A review. Int J Enhanc Res Med Dent Care. 2019;6(4).



POSITIVE REINFORCEMENT

Main Objective:
Reinforce Desired
Behavior

Social reinforcers –

- Positive voice modulation, facial expression, verbal praise, celebratory gestures (e.g., high-five, fist bump)
- Descriptive praise rather than a generalized praise

- Non-social reinforcers –
Tokens and toys



Kamath PS. A novel distraction technique for pain management during local anesthesia administration in pediatric patients. J Clin Pediatr Dent 2013;38(1):45-7.



DISTRACTION

Diverting patients attention from what may be perceived as an unpleasant procedure

- Distraction may be achieved by **imagination** (e.g., stories), **clinic design**, and **audio** (e.g., music) **and/or visual** (e.g., television, virtual reality eyeglasses) effects.

Objectives:

- **Decrease the perception of unpleasantness**
- **Avert negative or avoidance behavior.**

- **Spintge *et al.* (2012)** -- a positive result in pain, stress and anxiety by music therapy
- **Singh *et al.* (2014)** - decrease in intraoperative anxiety levels by (6-12 year old) undergoing extraction

Audio - Distraction



Spintge R. Clinical use of music in operating theatres. In: MacDonald R, Kreutz G, Mitchell L, editors. Music health and wellbeing. Oxford: Oxford university press; 2012. pp. 266–286.

Singh D, Samadi F, Jaiswal JN, Tripathi AN. Stress reduction through audio distraction in anxious pediatric dental patients: an adjunctive clinical study. Int J Clin Paediatr Dent. 2014;7(3):149–52.



Audio-Visual Distraction

Clown Therapy



Effectiveness and Comparison of Various Audio Distraction Aids in Management of Anxious Dental Paediatric Patients

Saumya Navit ¹, Nikita Johri ², Suleman Abbas Khan ³, Rahul Kumar Singh ², Dheera Chadha ², Pragati Navit ⁴, Anshul Sharma ⁵, Rachana Bahuguna ⁶

Affiliations + expand

PMID: 26816984 PMCID: PMC4717707 DOI: 10.7860/JCDR/2015/15564.6910

[Free PMC article](#)

Navit S et al. Effectiveness and Comparison of Various Audio Distraction Aids in Management of Anxious Dental Paediatric Patients. J Clin Diagn Res. 2015 Dec;9(12):ZC05-9.

Khandelwal M, Shetty RM, Rath S. Effectiveness of Distraction Techniques in Managing Pediatric Dental Patients. Int J Clin Pediatr Dent. 2019 Jan-Feb;12(1):18-24.



Virtual Reality



[Int J Clin Pediatr Dent](#), 2019, Jan-Feb; 12(1): 18-24.

PMCID: PMC6710937

doi: [10.5005/ip-journals-10005-1582](https://doi.org/10.5005/ip-journals-10005-1582)

PMID: [31496566](https://pubmed.ncbi.nlm.nih.gov/31496566/)

Effectiveness of Distraction Techniques in Managing Pediatric Dental Patients

[Madhuri Khandelwal](#)¹, [Raghavendra M Shetty](#)² and [Sujata Rath](#)³

[Author information](#) [Copyright and License information](#) [PMC Disclaimer](#)



Virtual Reality Eye-Glasses/ Boxes



Humanoid Robot: iRobi

(Yasemin *et al.* in 2016)

Techno-Psychological Distraction Technique

Yasemin M., et al. Reduction of dental anxiety and pain in children using robots; international Conference on Advances in Computer-Human Interactions (ACHI) 2016. pp. 327-332.



APPEARANCE

- **Color Psychology** -Different Colors Evoke Different Moods



Use Of Child-friendly Colors (**Yellow & Blue**) In Dental Office Enhance A Positive Attitude In Child's Mind

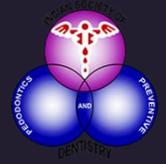
Umamaheshwari N, Asokan S, Kumaran TS. Child friendly colors in a pediatric dental practice J Indian Soc Pedod Prev Dent. 2013;31:225-8



APPEARANCE



- **Attire** Of The Dental Team, **Hairstyles** And **Appearance** Of The Dentist



MEMORY RESTRUCTURING



- Behavioral approach in which memories associated with a negative or difficult events (first dental visit, local anesthesia, extraction) are restructured into positive memories using information suggested after the event has taken place
- This approach was utilized with children who received local anesthesia at an initial dental visit and showed a change in local anesthesia-related fears and behaviors at subsequent treatment visits



BATCH : 2021-2024
Dr. SONI GIRI
Dr. KIRTI PAL
Dr. RANGAN GHOSH
Dr. SHREYA PRADHAN
Dr. GAURAV CHOUDHARY

BATCH : 2025-2028

BATCH : 2029-2032



Visual reminders -
Positive reinforcement through verbalization-
Concrete examples to encode sensory details-
Sense of accomplishment-



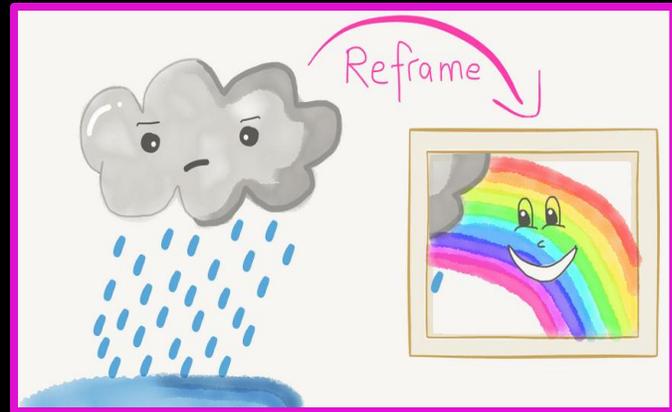


REFRAMING



“**Taking a situation outside the frame** that up to that moment contained the individual in different conditions and **visualize (reframe) it in a way acceptable to the person involved** and with this reframing, both the original threat and the threatened “solution” can be safely abandoned

The **dentist makes the child relax** by creating a non-hospital like environment



The child’s **ability to accept reframing** is based on his or her **level of understanding and how they respond back**

Reframing will be a **failure in children under the age of 3** or if language used by the dentist is **beyond the comprehension** of the child .



ENHANCING CONTROL

- **Allow** the patient (anxious/fearful) assume an **active role** in dental experience
- eg. **Raising a hand** if uncomfortable or needs to briefly interrupt care

Objectives:

- **Allows patient some measure of control** during treatment to deter disruptive behaviors



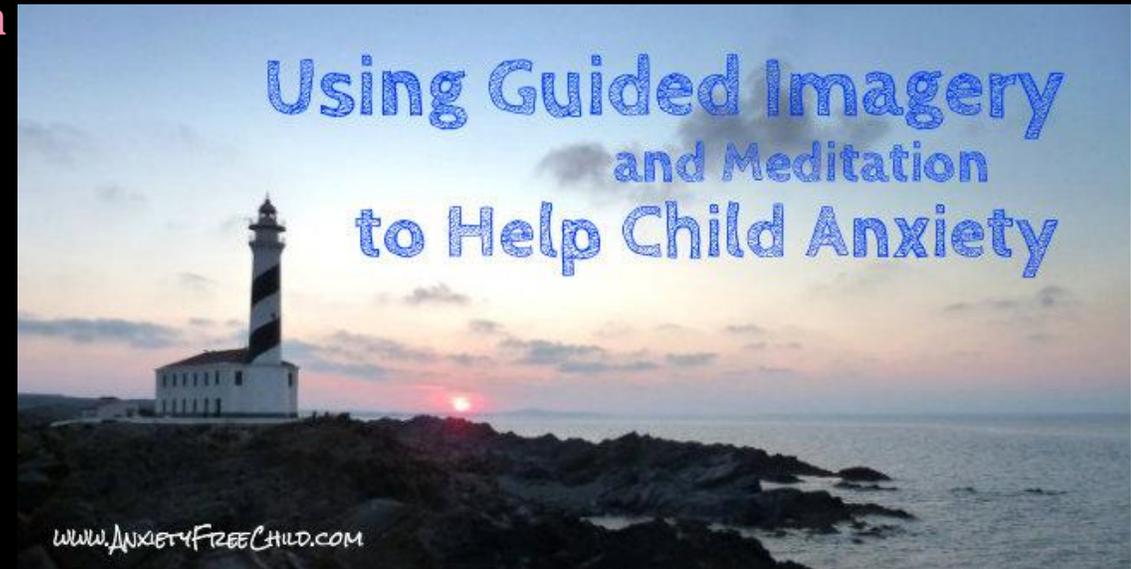
Levi M, Bossù M, Luzzi V, et al. Breathing out dental fear: A feasibility crossover study on the effectiveness of diaphragmatic breathing in children sitting on dentist's chair. *Int J Paediatr Dent* 2022;32(6):801-11.



GUIDED IMAGERY/DELIBERATE DAY DREAMING

- Defined as a **directed, deliberate daydream that uses all the senses to create a focused state of relaxation** and a sense of physical and emotional well-being
- Believed to work with children very well because they have **good ability to imagine and fantasize.**
- This type of mind body exercise involves **having patients imagine themselves in a pleasant place to reduce stress**

RELAXATION



VISUALIZATION

POSITIVE SUGGESTION

Implosive Therapy involves repeated exposure to anxiety-provoking stimuli, usually in the form of visual imagery. The images become more frightening and catastrophic, and the therapist encourages the patient to feel as much anxiety and fear as possible.

Ko YC, Chou AH, Wu CF, Chen J, Chen CY. Using Guided Imagery to Relieve the Anxiety of Preschool Children Undergoing Dental Procedures. Journal of PeriAnesthesia Nursing. 2021 Feb 1;36(1):18-23.



SYSTEMATIC DESENSITIZATION



Indications:

Patients who have experienced fear-invoking stimuli, anxiety, and/or

neuro-developmental disorders (e.g., autism spectrum disorder).

Psychological Technique To Modify Behaviors Of Anxious Patients

Relaxation training is followed by gradual (usually imaginary) exposure to the feared stimuli starting with the least feared stimulus.

Patients may review information regarding the dental office and environment at home with a preparation book or video or by viewing the practice website.

Roberts JF, Curzon M, Koch G, Martens LC. Review: behavior management techniques in paediatric dentistry. Eur Arch Paediatr Dent. 2010;11(4):166–74.

Flooding Vs Systematic Desensitization

Both are exposure therapies that help people face their fears, but they differ in a few key ways:

Exposure: In flooding, a person is immediately exposed to their fear, while in systematic desensitization, exposure is gradual

Process: In flooding, the person is exposed to the most difficult stimuli right away and the situation is maintained until the body's fight-or-flight response is exhausted. In systematic desensitization, the person starts with the least feared stimulus and gradually works their way up.

Time: Flooding sessions are typically 2–3 hours long, while systematic desensitization requires multiple sessions.



DENTAL OPERATING MICROSCOPE AS BEHAVIOR MODIFICATION TECHNIQUE



There is a reduction in anxiety from the first visit to the second visit for restorative treatment when the DOM is used

Original Article

Effect of the video output of the dental operating microscope on anxiety levels in a pediatric population during restorative procedures

Abrar Sayed, Vinisha Ranna, Dimple Padawe¹, Vilas Takate¹

Departments of Conservative Dentistry and Endodontics and ¹Pediatric and Preventive Dentistry, Government Dental College and Hospital, Mumbai, Maharashtra, India



HYPNODONTICS



- **Hypnosis** is defined as “**focused attention** experienced by a receptive individual in **response to an experience** either facilitated by a Hypnotist or self – guided”
[**American psychological association of Hypnosis (2013)**]
- **Hypnodontics** is defined as the art and science of using hypnosis to dental practice and dental issues.
- Medical hypnosis in general usually lasts between **20-50 minutes**

Birnie et al (2014) conducted a study in which anxiety was measured initially and on dentist’s chair using a **modification of Yale scale for preoperative anxiety (mYPAS), visual analogue scale (VAS) and modified objective pain score (mOPS) to evaluate pain experienced.**

The **experimental group (hypnosis)** experienced either **light pain or no pain** at all suggesting that it could be effective in the reduction of anxiety and pain in children receiving dental anesthesia



ADDITIONAL CONSIDERATIONS FOR DENTAL PATIENTS WITH ANXIETY OR SPECIAL HEALTH CARE NEEDS

SENSORY-ADAPTED DENTAL ENVIRONMENTS (SADE)

- Includes Adaptions Of Clinical Setting To Produce **A Calming Effect**
 - Visual- Dim Lighting, moving fishes and bubbles on ceiling
 - Auditory- Soothing Nature & Piano Music
 - Tactile- Weighted Vest (X-ray Vest)



Use of headlamp directed into child's mouth- moving projection on ceiling (snoezelen)



Article
Sensory-Adapted Dental Environment for the Treatment of Patients with Autism Spectrum Disorder

Antonio Fallea ¹, Rosa Zuccarello ¹, Michele Roccella ², Giuseppe Quatrosi ³, Serena Donadio ³, Luigi Vetri ^{1,*} and Francesco Cali ¹

¹ Oasi Research Institute-IRCCS, Via Conte Ruggero 73, 94018 Troina, Italy; afallea@oasi.en.it (A.F.); rzuccarello@oasi.en.it (R.Z.); cali@oasi.en.it (F.C.)

² Department of Psychology, Educational Science and Human Movement, University of Palermo, 90128 Palermo, Italy; michele.roccella@unipa.it

³ Department of Sciences for Health Promotion and Mother and Child Care "G. D'Alessandro", University of Palermo, 90128 Palermo, Italy; giuseppe.quatrosi@community.unipa.it (G.Q.); serenedonadio@libero.it (S.D.)

* Correspondence: lvetri@oasi.en.it; Tel.: +39-0935-936-111; Fax: +39-0935-653-327



ANIMAL-ASSISTED THERAPY (AAT)

Adjunctive Technique-Utilizes A **Trained Animal**

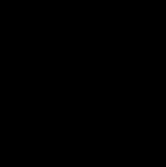
To Improve Interactions Or

Decrease A Patient's Anxiety, Pain Or Emotional Distress



Pinheiro SL, Silva C, Luiz L, Silva N, Fonseca R, Velásquez T, Grandizoli DR. Dog-assisted therapy for control of anxiety in pediatric dentistry. J Clin Pediatr Dent. 2023 Nov;47(6):38-43

PICTURE EXCHANGE COMMUNICATION SYSTEM (PECS)



Adjunctive Approach Developed For Individuals With Limited / No Verbal Communication Abilities (Autism)

- **Allow To Express Requests Or Thoughts Using Symbolic Imagery**

Picture exchange communication system as a behavior modification technique for oral health assessment in autistic children

P Renuka*/ Subash Singh**/ Monika Rathore***

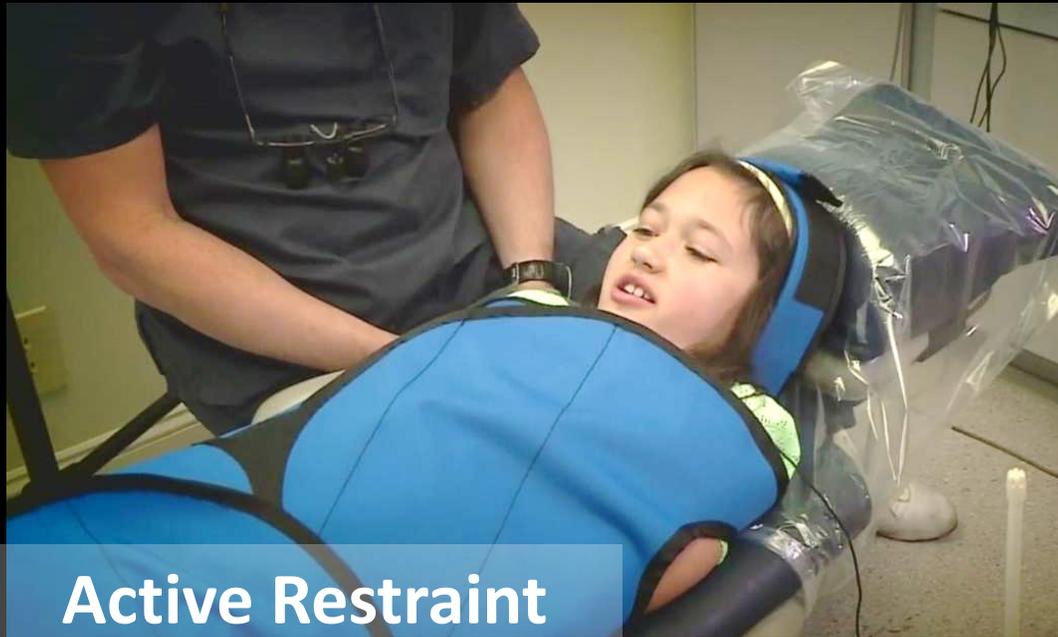


ADVANCED BEHAVIOR GUIDANCE

PROTECTIVE STABILIZATION

RESTRICTION OF A PATIENT'S FREEDOM OF MOVEMENT
WITH OR WITHOUT PATIENT'S PERMISSION

TO DECREASE RISK OF INJURY WHILE ALLOWING SAFE COMPLETION OF TREATMENT



Active Restraint



Passive Restraint

CAREFUL, CONTINUOUS MONITORING OF THE PATIENT IS MANDATORY

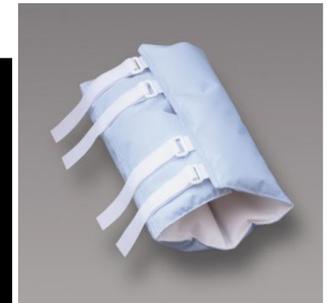
American Academy of Pediatrics Committee on Pediatric Emergency Medicine. The use of physical restraint interventions for children and adolescents in the acute care setting. Pediatrics 1997;99(3):497-8.



Mouth props



Papoose Board



Posey Straps



Pedi wrap



Bean bag insert



Towel and Tape



MULTI SENSORY COMMUNICATION

DISTRACTION

DESENSITISATION

SADE

PECS

AAT

NON-VERBAL COMMUNICATION

Knowledge of these options will aid us in providing patient specific and family- centered behavior guidance for infants, children, adolescence and persons with special healthcare needs



KEEP CARING

KEEP TALKING

KEEP LISTENING



BOOKS TO REFER...

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Management of Dental Behaviour in Children

Ripa, Louis W.

Note: This is not the actual book cover

Third Edition Wright's Behavior Management in Dentistry for Children

Edited by Ari Kupietzky



WILEY Blackwell

Indian Academy of Pediatrics
Your Guide at Every Step

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Introducing Children to a Lifetime of Positive Dental Care

Allan R. Pike, DDS, MS

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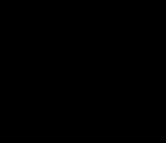
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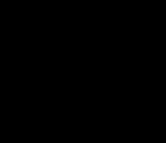
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GOODBYES ARE NOT FOREVER
GOODBYES ARE NOT THE END
THEY SIMPLY MEAN

"We will Miss You..."

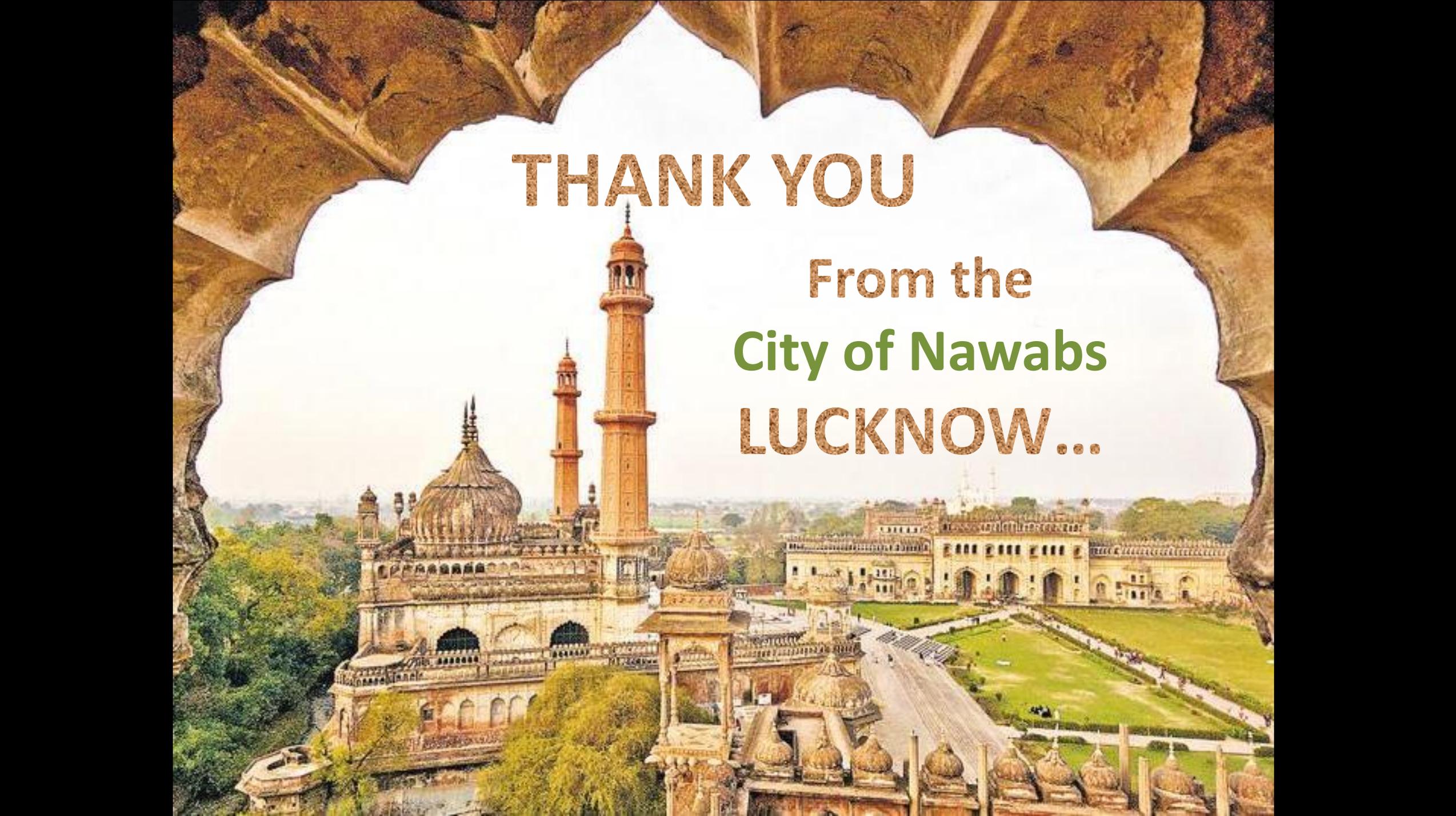
UNTILL WE MEET AGAIN



SUNNY



MY DEPARTMENT



THANK YOU

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LUCKNOW...