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Case Report

Child Performance Response to Behavioral Management Technique Tell-Show-Do: Case Report - @

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ABSTRACT

Introduction: Child's behavior management in dental consultations aims to create confidence and dispel anxieties and fears that may be present in children in dental consultations. Faced with these behaviors, it is up to the pediatric dentist to have knowledge of the conditioning techniques and also of the different types of infantile behavior, in order to be able to choose the best technique to be used for each patient.

Objectives: The purpose of this article is to verify how the tell-show-do technique helps in the child's conditioning of a 3-year-old child who was fearful of the treatment. The behavioral management of the child was done in 3 sessions using the tell-show-do technique and complemented with other non-pharmacological techniques. After showing the practice to the child as well as presenting the technique to be performed, she accepted in a positive way the accomplishment of the proposed treatment.

Conclusion: We concluded that the use of this techniques, together with other non-pharmacological techniques, helped in the collaboration and confidence of the child, being essential for a more efficient dental treatment.

Keywords: Pediatric dentistry; Child behavior; Child psychology

INTRODUCTION

In dental treatment, young children tend not to collaborate with the treatment, manifesting crying, screaming, head and limbs movement. These types of behavior are most often due to fear of the unknown, fear of pain, anxiety, trauma or other environmental factors, which continue to be a major obstacle to provide good quality in pediatric dentistry treatment [1]. Children have immature cognitive development, poor ability to deal with unknown situations, brief moments of attention during the dental care, and little experience dealing with stress and anxiety. As a result, one can expect them to be especially inclined to maladaptation reactions at their first appointment [2].

There are children who, irrespective of their age, soon accept any type of treatment and others who resist all forms of treatment offered. In the dental practice is commonly observed patients that are 12 months old or older who surprisingly have no anxiety, react in a positive way with the verbal requests for cooperation and do not present any problems of behavior [3]. There are cases of infants younger than three years old that refuse to enter in the practice or remain on the chair for the appointment [4].

Among the peculiarities of the pediatric dentist's relationship, the establishment of the triad relationship, that is, the dentist, the infant patient and his or her parents or guardians is extremely important for a better management of the success or not of the proposed treatment [5]. Therefore, it is fundamental that the professional, besides the technical and scientific skills, has good knowledge of psychological management [6,7].

The child's behavior with the professional can be quite unpredictable, taking into consideration that there are psychological factors relevant to the treatment. However, the pediatric dentist should keep in mind that each child has different reactions to the dental approach, because external factors can negatively influence the child's collaboration with the dental care [8].

Techniques to condition the behavior during pediatric dentistry treatment aim to interact with the child through communication and education, using a comprehensive methodology that aims to build the relationship between the patient and the professional, which, fundamentally, must be developed with confidence. Keeping the child's acquiescence within the dental environment requires verbal leadership, pre-established expectations, extinction of inappropriate behavior, and reinforcement of appropriate responses [6,9].

Child's behavior management techniques can be divided into pharmacological (conscious and unconscious sedation) and non-pharmacological, which can be classified as positive or informative - tell-show-do, positive reinforcement and modeling - and as negative or psychological aversion - voice control, passive or active stabilization [10].

This work reports how a good conduct of the tell-show-do technique with a patient in early childhood is important for efficient dental care.

CASE REPORT

A 3-year-old female patient attended the private practice in the city of Dourados, Brazil, with her mother, for evaluation and possible dental care.

The main complaint reported by the parents, who are also dental surgeons, was that they had never been able to put their daughter on the dental chair for evaluation, much less for prophylaxis. They had not tried to take her to be evaluated by other professionals.

During the anamnesis, the mother reported that since her daughter was a baby, she had accompanied her mother in her appointments and observed the attendances. In the first contact with the dental surgeon, the patient was very reluctant to sit on the dental chair, and little communicative with the professional, making it difficult to do the anamnesis and clinical examination.

Facing this situation, the conditioning was essential, presenting some non-pharmacological techniques so that the child would obtain more trust on the professional and consequently cooperated with the dental care.

In the tell-show-do technique, the patient was initially seated on the lap of the pediatric dentist, while she explained how prophylaxis would be done, so that the patient could understand and know how everything would proceed, the patient had contact with the micromotor, but still, when something different was shown to her, there was a certain tension, everything was painstakingly explained and shown to her, ranging from turning the light on to the low speed handpiece (Figure 1). The patient paid attention to everything, even with the "fun" of brushing the dental surgeon's teeth, it was not possible to perform prophylaxis on the patient at this appointment.

At the next appointment, the patient was still reluctant to sit on the dental chair. In order for her to have greater confidence and tranquility, the pediatric dentist choose to use the modeling technique: with a plush macromodel on the dental chair, the patient

took the place of the dentist and did prophylaxis in the macromodel. So she used the low speed handpiece, the triple odontological syringe and the suction system.

At the third appointment, the patient arrived more calmly for the dental care, saying that she would let the dentist brush her teeth (Figure 2). The pediatric dentist was able to perform prophylaxis and clinical examination. As there was no active lesion of cavities as well as trauma, the patient will only return every 6 months to follow up and grow up as an adult without tooth decay, fear or pain of dental appointments (Figure 3).

DISCUSSION

The case described here shows how well-planned conduct can help in the success of pediatric dentistry care. The insertion of various control techniques in pediatric dentistry should be used according to the individuality of each child and each family nucleus, because above all it is necessary to identify the cooperation potential and possible limitations of each child.



Figure 1: The technique tell-show-do with the low speed handpiece. Prophylaxis was not performed in the patient at this appointment.



Figure 2: At the third appointment, the pediatric dentist performed the prophylaxis procedure and anamnesis.

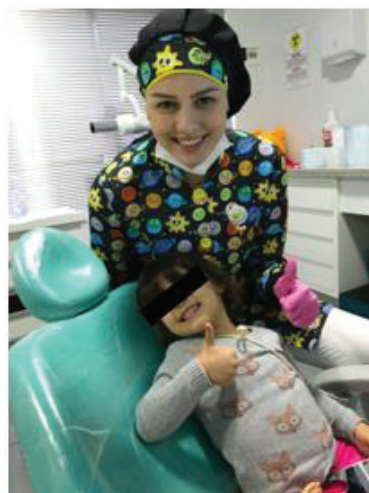


Figure 3: After the dental care, the child is safe and happy with the dental procedure.

In this case, the child had no cavities and little pain, so the pain due to anxiety was discarded. Her mother said that since her daughter was a baby, she would go to her mother's practice, her parents are also dental surgeons, and perhaps she could explain the fear of the environment, since she was not a pediatric dentist and worked exclusively with files and microscope. The difficulty then was to start the relationship, and consequently, make the patient feel safe with the professional. For this, the psychological management technique was used. Upon arriving at the practice, the patient expressed her complete unwillingness to be in that environment and was initially very reluctant to talk to the pediatric dentist about the care. This manifestation is conceptualized in the literature as a type of escape, where the child does everything to escape the dental care. Besides the lack of will, talking a lot, expressing the desire to go all the time in the bathroom, forcing vomit are also situations created to not go through the dental care [11].

The patient in this case showed a lot of resistance in sitting on the chair, so the pediatric dentist chose only to talk with the patient and gradually she was able to demonstrate to the patient the functions of the instruments necessary for the prophylaxis. When the pediatric dentist tried to use the low speed handpiece, the patient had regressed, the low speed handpiece was something that really frightened her. The pediatric dentist encouraged the child to hold and brush the dentist's teeth, as well as the macromodel's teeth, a way for her to perceive how everything would proceed, and then stay calm.

Each of the conditioning techniques has its purpose, having the words as the main instrument in its application. The tell-show-do technique has a good acceptance among the authors [6,15].

The goal of this technique is to deal with children's fear of the unknown, dental equipment should be presented gradually, and thus promote their familiarization before the treatment itself. By knowing the functions of the equipments, the child is less likely to project on them her terrifying fantasies. Thus the purpose of the first contact with the patient was the acquisition of the trust of both, the parent or guardian and the child. The choice of words is important in the tell-show-do technique. Success is for the dentist to use substitute vocabulary for his instruments and procedures so the

child can understand [11,12]. Thus, for the first contact, the pediatric dentist spoke in a very clear way that the patient needed to sit on the chair, only so that the professional could look at all her teeth, to see whether or not she had “little animals” in her mouth. And in a second moment, she would perform just a simple brushing, in the same way as her parents did at home, but with a different brush. At all times the pediatric dentist explained, showed and allowed the patient to use the instruments, for example, by testing the triple odontological syringe, the sucking system, the micromotor in the mouth of the professional and in the macromodel, but it took a while so that the patient wanted to hold them on her hands and to do the “test”.

It is essential, when choosing psychological management, to talk to the parents about the technique, time, and the importance of help at home [13]. Often times when they look for the professional, the parents already want immediate care, and they think it is unnecessary to consult psychology before starting the treatment itself. In this case, the pediatric dentist had no problem with time, because the parents were aware of the situation and understood the importance of the child's conditioning to the dental environment in a correct way, both had patience, understanding and for the daughter, not to be in pain, agreed and saw the great importance of the appointments of conditioning.

The positive reinforcement technique also mentioned in the literature has been associated with the aforementioned conditioning technique [14,15]. At each appointment, the child was rewarded for the collaboration and at each positive and good behavior she would get a gift, with the goal to encourage the child to take the next step on the treatment [16]. In addition to the gifts, compliments like, “congratulations”, “I am very proud”, “you behaved very well today”, “you are very brave”, have also been used in this case to enhance the child's trust. This reward was of great help and encouragement to her to come in the following sessions and behave to receive new rewards [17].

It is very important that the dentist surgeon has knowledge of the behavioral management techniques so that before the patient, each with his difficulties, fears and fears, he can choose the best technique.

CONCLUSION

Psychological management is a fundamental part of pediatric dentistry care. The choice of technique will be according to the individuality of each child and each family. The technique tell-show-do was effective in this case and satisfied the child's curiosity and understanding.

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