


## Behavior Management in Pediatric Dentistry: An Overview and Interpretation

Burak Buldur<sup>1</sup>

<sup>1</sup>Associate Professor, Department of Pediatric Dentistry, Faculty of Dentistry, Sivas Cumhuriyet University, Turkey.  0000-0003-4764-819X

In 1895, the first definition of behavior management was mentioned by McElroy with the following words: "although the operative dentistry may be perfect, the appointment is a failure if the child departs in tears" [1]. This approach, which argues that the success of dental treatment in pediatric patients depends on the attitude created in children rather than in the technical or clinical evaluation, was supported by the following words in American Academy of Pediatric Dentistry (AAPD)'s guideline about 100 years later: "Behavior guidance techniques, both nonpharmacological and pharmacological, are used to alleviate anxiety, nurture a positive dental attitude, and perform quality oral health care safely and efficiently for infants, children, adolescents, and persons with special health care needs" [2]. The terms of behavior management, which is the global term of choice, or behavior guidance which is now used by AAPD are widely used in dental literature.

Behavior management is one of the most important issues of pediatric dentistry, as the behavior of pediatric patients during dental procedures directly affects the success of dental treatment [3]. The theoretical content of behavior management was evolved with personal development and changes in the dental practice along with the help of psychologists and psychiatrists.

"An embarrassment of riches" is a term used by Chambers [4] who argues that there are too many behavior management techniques used in pediatric dentistry. There are a number of issues to consider when choosing which of these techniques to be used. Selection of techniques must be applicable to the needs of the individual patient and must meet the requirements of the child and should not be rigid [2]. In pediatric dentistry, unlike adults, there is a close communication and interaction between the dental team, the child and the parent, which is called as the pediatric treatment triangle [1]. A dentist should take into account his or her personal skill, the psychological and physical nature of the child, as well as parental factors before deciding to treat the child.

The behavior of children in dental clinic is a reflection of their cognitive development, familial and environmental interactions along with cultural factors [5]. According to Vygotsky, children's cognitive development is also associated with socio-cultural factors [6]. The cultural

factors influence not only what children know but how they think. Also, familial factors such as parenting style, dental anxiety and oral hygiene habits have a significant effect on the dental visit behavior of children [7]. Therefore, it is not acceptable to ignore intercultural and familial differences in the choice of behavior management techniques.

The perception of dentists toward pediatric dental patients is critically important in behavior management. In my recent study in which metaphor analysis was used for determining perceptions of dentists towards children, the generated metaphors were gathered under six different conceptual categories that define a child as unpredictable, dangerous, uncontrollable, requiring care and sensitivity, valuable, and orientable [8]. As seen, dentists' perceptions towards children walk a fine line. These perceptions actually determine dentists' behaviors towards children. If a dentist see a child as "devil", it means that s(he) throws in the towel. On the contrary, if they see children as "angel", they would try their best for a successful treatment.

As dentists, to understand how behavioral management should be, we need to be well aware, and change if needed, of our perceptions on children and consider personal or dental visit characteristics of children. However, we need to follow new techniques and changes within the contemporary development of dentistry. Although the terms, content, and techniques used for behavior management change over time, the basic philosophy of pediatric dentistry always gets back home; "although the operative dentistry may be perfect, the appointment is a failure if the child departs in tears".

## References

- [1] Wright GZ, Kupietzky A. Behavior Management in Dentistry for Children. 2<sup>nd</sup>. 2014: Iowa: John Wiley & Sons Inc., 2014.
- [2] American Academy of Pediatric Dentistry. Clinical Affairs Committee – Behavior Management Subcommittee. AAPD. Guideline on Behavior Guidance for the Pediatric Dental Patient. *Pediatr Dent* 2015; 37(5):57-70.
- [3] Arnrup K, Broberg A, Berggren U, Bodin L. Treatment outcome in subgroups of uncooperative child dental patients: An exploratory study. *Int J Paediatr Dent* 2003; 13(5):304-19. <https://doi.org/10.1046/j.1365-263X.2003.00482.x>
- [4] Chambers D. Behavior management techniques for pediatric dentists: An embarrassment of riches. *ASDC J Dent Child* 1977; 44(1):30-4.
- [5] Arnrup K, Broberg A, Berggren U, Bodin L. Lack of cooperation in pediatric dentistry – The role of child personality characteristics. *Pediatr Dent* 2002; 24(2):119-28.
- [6] Vygotsky LS. *Mind in Society: The Development of Higher Psychological Processes*. 1980: Harvard University Press. 159p.
- [7] Klingberg G, Broberg AG. Dental fear/anxiety and dental behaviour management problems in children and adolescents: A review of prevalence and concomitant psychological factors. *Int J Paediatr Dent* 2007; 17(6):391-406. <https://doi.org/10.1111/j.1365-263X.2007.00872.x>
- [8] Buldur B. Angel or devil? Dentists and Dental students conceptions of pediatric dental patients through metaphor analysis. *J Clin Pediatr Dent* 2018; 42(2):119-24.

**Correspondence:** Dr. Burak Buldur, Department of Pediatric Dentistry, Faculty of Dentistry, Sivas Cumhuriyet University, Turkey. Phone: + 90 346 219 1237. E-mail: [bbuldur@gmail.com](mailto:bbuldur@gmail.com).