

REVIEW ARTICLE

Factors Determining Child Behavior in Dentistry

Deepa Vinod Bhat

ABSTRACT

Various segments of child psychological, cognitive, physiological, and other kinds of development are discussed in the paper. Furthermore, the reasons for dental fear and anxiety and dental behavior problems were analyzed, and how the child dental patients could cope with them. Finally, types of patients according to their behavior in the dental office were discussed. The influences of child patients' parents were studied, including parenting styles, as well as factors related to dentist, dental team, and the dental office.

Keywords: Children, Dental behavior problems, Dental fear and anxiety, Dentists, Parents.

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INTRODUCTION

Dentistry, altogether with its characteristics, represents a quite stressful act that has an influence on all of its participants. Negative effects that could arise from it have short- and long-term consequences. Short ones are related with immediate failures of dental treatment (its start, progress, end, and prognosis), which can be corrected with additional efforts of attendees. Existence of long-term consequences in child patients is of special clinical importance. It is related with dental visiting avoiding, consecutive worse oral, and total health of the patients during longer periods of time. The roots of these consequences have connection with psychological state of participants toward dental treatment. Realizing and understanding this psychological dimension are in modern (pediatric) dentistry, becoming unavoidable fact to pay attention to qualitative and complete dental treatment. Clinical appearances of these psychological entities are dental fear and anxiety (DFA) and dental behavior problems (DBP).^[1-4]

THE PEDIATRIC PATIENT

It is important to discuss the normal behavior and development of fears (including DFA) in child patients considering their age, learned behavior patterns, and coping with stresses due to better understanding of patients' behavior during dental treatment. It is shown that fears, appearing in every period until start of puberty, can be directly or indirectly related to the contents of dental office (the environment, personnel, sounds, noises and smells, instruments, pain, etc.). After the contact with the stressor in the dental office, the reaction pattern appears, which could be explained as follows:^[5-8]

- Some of the children show DBP, without DFA presence;
- Some of the children understand DFA, know how to handle with the stressful situations, and are without DBP;
- Some of the children have DFA presence with obvious DBP.

DBP that could appear in the dental office is just the manifestation of organic reactions activated after contact with the stressful factors which are able to cause DFA. DBP is defined as uncooperative behavior in the dental office, which results in delaying of treatment or no doing it at all.^[9] Prevalence of DBP is about 9–10.5% in child and adolescent population.^[10] DBP represents multifactorial model composed of personal (age, gender, temperament, emotional and behavior problems, cultural inheritance, general fear and anxiety presence, etc.) and situational factors (experience of pain and unpleasantness in the dental office, lack of control, inappropriate dentist behavior, etc.).^[10] In the developed stress process, the key moment is the contact with the stressor itself in the dental office, as well as the way of individual reaction to it. These are the triggers, from which it depends whether the DFA and DBP would appear in dental (child) patients. Individual reactions depend on stimulus intensity, as well as the ways of coping with stressful situations. Considering a fact that dental procedures are often stressful for children, coping with them could play an important role in forming child experience in the dental office. Lazarus suggested two main reasons why person is willing to cope with the stressor, and they are the wish for controlling and changing the situations and managing of emotional reactions. Griffith and associates divided abilities of coping with stressors

Reader

Department of Pedodontics and Preventive Dentistry, Awadh Dental College, Jamshedpur, Jharkhand, India

Corresponding Author: Dr. Deepa Vinod Bhat, Reader, Department of Pedodontics and Preventive Dentistry, Awadh Dental College, Jamshedpur, Jharkhand, India. e-mail: deepaawchat8784@gmail.com

to approach-based (fight solution) and avoidant-based (flight solution) options. Approach-based coping ability is defined as acting in the direction of attempting to change the stressful situation to transform it to less irritating one. More precisely, the person recognizes the stressor and uses his/her skills to decrease the negative reactions to it. On the other side, avoidant-based coping option is related to responses characterized with the lack of attempts for changing situations. This is the way to miss the active participation in stressor control and management, and the focus is directed to relaxation as much far away from the stimulus.^[11] Child cognitive capabilities, emotional responses, age-specific behavior, communication skills, and psychological maturity have influence to their competence to understand and adequately react on invasive medical procedures.^[11] It is also known that (younger) children are inured that their parents are struggling with the stressors instead of their offspring. However, the children are expected to cope with the medical stimuli themselves. The same case is with the dental stressors, where is determined that children developed specific coping patterns after the contact with them. These patterns are also depending on the child age and parents' influence. Recently, it is published that these DFA- and DBP-related coping skills could also be inheritable.^[12] It is also known that these ways of confrontations to stimuli are simple and unified in younger children (they are the same for almost every different stressor). With growing, they are becoming more various and specific and also cognitively orientated and correspond to a single stimuli or a group of them. The parents' influence is in the fact, wherein bringing up and growing of their offspring, the children learn from and imitate their parents (and also their confrontation patterns and coping skills with stressful situations, including rationalization and relaxation). It is similar but smaller influence to the children from their family members and friends. Some authors also point out that coping skills are more or less related to patient gender, socioeconomic state of their families, previous dental experiences, kind of dental treatment, psychological state of the person, and DFA presence in their parents.^[11-21]

PARENTS OF THE CHILD PATIENTS

A qualitative relationship between the therapist, parents, and the child patient should be established for a successful dental treatment. It is obvious that every member of this partnership has equal duties for fulfilling the goal of oral health preservation, as well as administering every kind of dental procedures to any dental patient. Contextually, the role of the parents will be explained, especially, because it is neglected by dentists

and also by the parents.^[22] The parents have to be aware that their actions are of the most important and that they begin even before childbirth. Future parents, especially the future mother, have to be introduced on time with the risks of cariogenic bacteria transmission to infants and also with the preventive measures administering in pregnancy and after birth. Parents also have to be motivated to duly apply these measures. Other important part that parents should take care is preparing their child for a dental treatment with agreement and advices of the dentist, especially in those children who express DBP. The methods are various and mostly administered through the behavior and pain control management, as well as child upbringing. Sometimes, this expected parents' role is durable and exhausting. Parents show resistance because they think that the dentist is the only person who will solve all their problems.^[22-25]

DENTIST, DENTAL TEAM, AND THE DENTAL OFFICE

The behavior of the dentists during the treatment is something that we are paying attention in theory as well as in practice. Everyday stress that follows dental profession is quite enormous, and therapists should know how to deal with and also not to let the patients to notice that they are under its constant influence. Special category is pediatric dentists as pediatric dental practice is (among others) about to predict the unpredictable while performing very fast and precise manipulations in a small and narrowing.^[26-29]

CONCLUSION

Today, especially the child patients have a need and every right to underwent to appropriate behavior and pain management control technique administration during dental treatment. The dental practitioner is the only responsible person. The reasons for non-administering (or administering of wrong) behavior management techniques are in the fact that there is not enough attention directed to the detection of signs of DFA and DBP presence in child patients.

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