

PSILENT PRODUCTIONS

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To “B” or Not to “B”

Behavior Management from a New Perspective

I. Opening remarks

A. Nature of this course

1. Have fun looking at ourselves and issues
2. Unorthodox for dental course
 - a. There are no recipes for success/ course is interpretive
 - b. There are few black and whites/ grays call for judgment
 - c. Information is in *audience's mind*, not the speaker's
3. The course is to stimulate thought, not provide definitive answers
4. Principles discussed today are applicable to *all parts of one's life*
5. The thrust of the program is to experience the *patient's perspective*
6. No note taking is strongly recommended

B. Importance of Behavior Management in practice and in people's lives

1. Tremendous practice builder
 - a. Manage a child and capture an entire family
 - b. Financially lucrative once child's behavior is managed
2. Behavior Management is the ultimate preventive tool
3. It is the most profound non-dental impact we have
 - a. Provides a chance to "make a difference" in today's complex society
 - b. Terrific opportunity to practice principles for our own children at home!
4. Access to care could make it mandatory to provide care to children.
5. Tremendous source of satisfaction beyond financial gain

C. Exercises

1. Demonstration of Behavior Management principles in this room
2. Safe, but might be scary for participants
3. Success lies in each individual's experiences and willingness to notice effects
4. Full-participation is strongly recommended to get full benefit

II. Paying Attention to Details-- Empowering the Child

A. Terminology

1. Understandable= *familiar* words for children
2. Non-threatening= positive, descriptive labels
3. Simple= *much more basic* than you think
4. Examples
 - a. Mandibular block injection
 - b. Fearful child

B. Show-Tell-Do

1. Kids need to know what's going on
2. Helps create credibility and trust
3. Eliminates unknown (takes "charge" off of it)
4. Creates opportunity for reframing situation for child

C. Focus attention on the patient (even if parent is present)

1. Holds child's attention
2. Redirects child's anxieties
3. Gets treatment completed much more quickly
4. Verbally restructures patient's experience

D. Specific feedback (*to* patient)

1. Concentrate on what's going *well*
2. Be *specific* with child's successes
3. Be *honest* with your praise
4. Phrase everything from *positive* side

E. Feedback (*from* patient)

1. Listen to understand what the issue actually is
2. Act on only things that you can change
3. Don't *expect* an immediate response or change from child/parent

F. Appropriate appointments

1. Proper sequence of treatment plan (all subject to individual plan)
 - a. Start with posteriors
 - b. Mandibular arch before maxillary
 - c. Half-mouth treatment whenever possible
 - d. Pain may dictate plan
 - e. No more than three restorative visits/otherwise possible OR
2. Time of day according to age
 - a. Earlier visits for younger kids
 - b. No operative visits in afternoon
3. Length of appointments
 - a. Usually 15-30 minutes for younger children
 - b. Should not exceed one hour

G. Use of other specialists

1. More efficient care
2. With oral surgeons, use of general anesthetic

III. Allies, NOT Enemies-- Empowering the Parents to Assist Their Children's Care

- A. Your first job is to be sure the parents feel heard by you-- establish credibility
- B. Educate them and answer their questions
 - 1. Be sure to understand their concerns and answer the right question!
 - 2. Never patronize them-- speak clearly and without condescension
 - 3. Encourage any show of interest
 - 4. Ask for feedback and be sure they are understanding you
- C. Prepare them and set guidelines-- teach them positive behavior
 - 1. Prepare them for their children's visits
 - a. Explain your techniques of empowering their children
 - b. Outline the procedures that are to be done
 - 2. Set clear guidelines around operative appointments
 - a. Be optimistic, but realistic
 - b. Acknowledge potential areas of difficulty
 - c. Discuss strategies
 - d. Make agreements regarding their role
 - 3. My office's guidelines
 - a. Do not over-prepare the child
 - b. Use our terminology
 - c. Be a silent observer only
 - d. Leave when asked (this must be agreed upon up front)
- D. "Difficult" parents
 - 1. Prepare parents *prior to* any visit to your office
 - 2. Tell them directly if they are not helping
 - 3. Make clear boundaries about leaving the room if child is acting out
 - 4. Be OK with asking them to leave your practice!!
- E. Feedback (*from* parent)
 - 1. Listen to understand what the issue actually is
 - 2. Act on only things that you can change
 - 3. Don't *expect* an immediate response or change from parent
- F. Model appropriate behavior at all times-- see feedback to patient (II-D)

IV. Managing the Person in the Mirror--- Empowering the Self

- A. Primary source of Behavior Management is *internal*
 - 1. Nobody can "*make them do it*"
 - 2. Your expectation will usually be met
 - a. Hold child as able to succeed
 - b. Assume every visit for every patient *will* be perfect
 - 3. Pay attention to what *you can control*-- *result* is management of the patient
 - 4. Dentist sets the tone and the Team must understand and support philosophy
 - 5. Every single action in a practice is creating managed behavior
- B. Be friendly
 - 1. Focus on relationship
 - 2. Be silly and have some fun
 - 3. Time is not "money" with children—it is an investment
 - 4. Meet them at eye level
 - 5. Touch their shoulders
- E. Be in charge
 - 1. Care enough for the child to provide guidelines
 - a. Children need limits and boundaries and often *are relieved* to have them

- b. Allowing children to control an appointment is also a learning experience!
- 2. *Any behavior* is not OK
- 3. Establish behavior guidelines and be consistent
- 4. Examples
 - a. Resistant behavior
 - b. Inappropriate behavior
- C. Positivism
 - 1. Nothing sets the tone of a practice as much as this
 - 2. Breaks negative mindset around dentistry (especially for parents)
 - 3. Care-giver's confidence is more critical than technical skills
 - 4. Requires less energy than negativism
 - 5. Examples
 - a. Stay open vs. don't close
 - b. Hold still vs. don't move
- D. Calmness
 - 1. Voice modulation
 - a. Vocal anesthetic can be numbing, too!
 - b. Monotone has a hypnotic effect
 - c. Quietness forces the child to listen more carefully
 - 2. Facial expressions
 - a. Effective even without words
 - b. Even infants respond to facial expressions
 - c. Good when there is a language barrier
 - 3. Creates a sense of security for the child
 - 4. Slow nasal breathing
 - a. Keeps provider's heart rate and blood pressure lower
 - b. Encourages nasal breathing by patient
- E. Be in charge
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 - 4. Examples
 - a. Resistant behavior
 - b. Inappropriate behavior

SUGGESTED READING LIST

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