



# Family Preventive Dental Care, P.A.

Infants through Adults

GEOFFREY W. WAGNER, M.Ed., D.D.S.

## BEHAVIOR MANAGEMENT TECHNIQUES

The following information is provided to allow you to make informed personal decisions concerning \_\_\_\_\_ dental treatment after considering the risks, benefits and alternatives. Please read this form carefully and ask about anything you do not understand.

It is our intent that all professional care delivered in this office shall be of the best possible quality we can provide for each patient. Providing a high quality of care can sometimes be made very difficult, or even impossible, because of the lack of cooperation of some patients. Among the behaviors that can interfere with the proper provision of quality dental care are : hyperactivity, resistive movements, refusing to open mouth or keep it open long enough to perform the necessary dental treatment, and even aggressive or physical resistance to treatment, such as kicking, screaming, and grabbing the dentist’s hands or sharp instruments.

Our goal is to help our patients master the dental experience. Some patients may cry as part of this learning process. Emotions can be intense and crying is a natural release of anxiety and/or an avoidance scheme. All efforts will be made to obtain the cooperation of our patients by use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness and understanding.

There are several recognized management techniques that are used by pediatric dentists to gain cooperation of child patients to eliminate disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. We combine the following recognized techniques individually for each patient:

- **TELL-SHOW-DO:** The patient is told what is to be done using simple words and then shown what is to be done on a model or finger. Then the procedure is done exactly as told. Praise is given to reinforce positive behavior. Patients have less anxiety when they know what to expect.
- **POSITIVE REINFORCEMENT:** This technique rewards the patient who displays any desirable behavior. Rewards include praise, compliments, a pat on the back, gentle hug or a prize, etc.
- **VOICE CONTROL:** The attention of a patient exhibiting disruptive behavior is gained by changing the tone or volume of the dentist’s voice. Content of the conversation is less important than the abrupt or sudden nature of the voice change.
- **MOUTH PROP:** A device placed in the patient’s mouth to prevent accidental closing and/or injury to allow jaw muscles to relax for ease of swallowing.
- **PAPOOSE BOARD:** A safety device used to limit disruptive movement to prevent injury and to enable the dentist to provide the necessary treatment.
- **PHYSICAL RESTRAINT BY DENTIST/ASSISTANTS:** The restraining of the patient from undesirable movement by holding down the patient’s hands or upper body, stabilizing the child’s head and/or controlling leg movements with the intention of preventing possible injury.
- **HAND-OVER MOUTH EXERCISE:** The disruptive patient is told that a hand is to be placed over the patient’s mouth. When the hand is in place, the dentist speaks directly into the patient’s ear and tells the patient that if the noise stops the hand will be removed. When the noise stops, the hand is removed and the patient is praised for cooperating. If the noise resumes the hand again is placed on the mouth and the exercise repeated. At no time is the airway ever restricted.
- **HOSPITAL DENTISTRY:** For some patients with medical complications or in rare instances where conscious sedations are ineffective, a patient’s dental treatment can be accomplished in a hospital operating room under general anesthesia. Additional information would be provided to parents regarding this form of treatment.

*I hereby authorize and direct Dr. Geoffrey W. Wagner, assisted by other dentists and/or dental auxiliaries of his choice, to utilize the behavior management techniques listed above on this form to assist in the provision of the necessary dental treatment with the exception of: (if none, so state)*

\_\_\_\_\_.

*I hereby acknowledge that I have read and understand this consent, and that all questions about the behavior management techniques described have been answered in a satisfactory manner, and I further understand that I have the right to be provided with answers to questions which may arise during the course of above stated patient’s treatment.*

Patient’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Office Representative’s Signature: \_\_\_\_\_