

## COACHING FIRST TIMERS AND APPREHENSIVE CHILDREN

Dentistry should be fun. My staff and I, recognizing that you are the expert in your child's behavior, look forward to working with you to provide him with the most comfortable experience while visiting with us.

If you are worried about your child's upcoming visit to see me, please call ahead of time to discuss your concern and the best way to prepare for this visit, so the first impression is as favorable as his age and maturity level allows it to be. Or you may even consider stopping by for a brief tour of the office ahead of his scheduled new patient visit. Some parents choose that option and report a lessened level of apprehension afterwards.

Since children in general are more rested in the morning, a good rule of thumb is to schedule a morning appointment. If your child is in school, he may worry all day about his visit to see us, plus he will be tired after school and maybe less able to cope with all the novelties and excitement associated with the appointment.

Children in general are able to read their parents level of anxiety very quickly. Your own attitudes and understanding of what will occur during each visit will greatly influence the outcome of your child's visit. Your expectations of your child's ability to cooperate for his dental visits must be age-appropriate. For example: an emotionally and physically healthy four year old child should be able to separate from his parent for an examination and possibly treatment.

If you anticipate that your child will be nervous, the parent who is most comfortable with dental visits should be the one accompanying him for the visit.

I highly recommend that you do not offer your child an expensive present if he is good. Your little one may assume that he is about to do something very difficult. Rather, a surprise waiting to be given just after the visit may be more appropriate. And please, do not tell your child to be brave or that nothing will hurt. The idea that seeing me requires being brave or that something might hurt may have never occurred to him.

During any waiting time, sit close beside your child and read a story. This not only provides distraction, but places him in a more relaxed frame of mind.

*cont. on back*

When present for the examination or any treatment, I expect you to be my silent partner. You may pat him or offer some words of support or praise, remaining always calm and quiet. Avoid repeating my requests of him or raising your voice at any time. I will manage the behavior. My attention should not be divided between you and your child, and your child's attention should not be divided between you and me.

Your child may attempt to manipulate you during treatment. If your child is crying, listen to the sound of the crying. Compensatory crying often occurs. He may just be coping by crying. Parents may become the court of appeals. Your child may constantly attempt to delay treatment by reaching out for a hug, blowing his nose, going to the bathroom, asking for water. If you and I have agreed that he is capable of undergoing treatment, you must provide tough love at that time. If he does not cooperate with you present, I may ask you to leave the treatment room. By leaving your keys with your little one, he knows that you are not leaving the office. Assure him that you will be close by.

If you do not plan to be present during the treatment, it is easier to separate at the reception room and not after he is seated in his dental chair. I believe parental love must permit children to move toward independence. By allowing your child, age four or older, to undergo treatment without you present sends two messages. First, "It is OK. I really do not need to be right beside you for this". Secondly, "You can do it! I have confidence in you"; and this provides your child with a sense of empowerment.

If your son or daughter is coming for restorations (fillings), say as little as possible regarding the events of the visit. Your tone of voice and body language could accidentally create a sense of fear or apprehension in an otherwise unsuspecting child.

If local anesthesia (a shot to numb teeth) is to be used, do not discuss this issue with your child before the visit. In some instances, the use of local anesthesia may not be necessary. If he asks about the need for a "shot", answer saying that you do not know and to ask me about it. Most injections are performed painlessly with the child unaware of the occurrence. A child that comes to the office already intensely worried about the "shot" is more difficult to calm and may negate the effects of the local anesthetic.

By sharing with me in the proper preparation and guidance of your son or daughter, we all gain as most dental treatment proceeds uneventfully towards a happy end.