



CHILDREN, PEDIATRIC DENTISTRY AND YOU

Parents are welcome to accompany their child into the treatment area during new patient visits and subsequent cleaning appointments. This gives you the opportunity to see our staff in action and allows Dr. Matt to discuss dental findings and treatment needs directly with you. Due to limited space and respecting the privacy of our other patients, **one parent is welcome but not required**. We do ask that if you accompany your child you assume the role of **silent observer**. **Your presence is greatly enhanced if you play a passive role**. We also ask that siblings remain in the reception room or play area.

For treatment visits (fillings, extractions, etc.), Dr. Matt recommends parents and caregivers remain in the reception room. Experience has shown that children tend to do better when their attention can be focused in one direction. Dr. Matt has extensive training in behavior management and will work with your child in a way that allows them to understand each step of the visit. Dr. Matt is always willing to discuss with parents the possibility of coming back for treatment in special circumstances. Part of the goal is to give children the confidence that they can 'do it on their own'. There's nothing better than seeing a proud child leaving after treatment, eager to tell mom or dad how great they did! In preparation for your child's visit, we ask that you avoid words like "drill", "needle", or anything similar that may scare a child. Dr. Matt and his staff will present things in a more child-friendly manner. The following is a brief explanation of some of the methods we use to guide your child's behavior and provide a positive dental experience. Since each child is unique, no list can be complete and other methods may be explained as needed.

TELL, SHOW, DO

This is the most important tool for teaching your child. The child is told in simple terms what is going to be done. Then they are shown what is going to be done and then the procedure is performed.

IMAGERY

We tell children in simple terms what is going to be done. For example, a dental exam becomes "looking and counting your teeth". A dental prophylaxis and cleaning becomes "brush and tickle your teeth". We encourage you to use these terms when talking to your child about their dental experiences.

DISTRACTION

Sometimes it is necessary to distract your child from an unpleasant sensation by focusing his/her thoughts on something other than what is being done.

POSITIVE REINFORCEMENT

This is a technique used to reinforce good behavior by praising your child or providing a reward following a desired response in hopes of promoting continued good behavior.

VOICE CONTROL

Voice control is a controlled change of voice volume, tone or pace to influence and direct the child's behavior. This technique is used to establish a line of communication between the doctor and child.

RESTORATIVE RELATED PROCEDURES

Almost all procedures to repair teeth involve the use of the **dental handpiece**, which many people think of as the "drill". We refer to it as "Mr. Whistle" and the slow speed handpiece as "Mr. Bumpy". The sensations these instruments produce will be introduced to your child in a non-threatening manner. A **rubber dam** or "rain coat" is used to isolate the teeth being repaired. This helps keep saliva away from the tooth, protects the soft tissues of the mouth and keeps unfamiliar tastes out of your child's mouth. A **mouth prop** or "tooth pillow" is used occasionally so the child's jaw muscles don't become overtired during the procedure to prevent the child from biting the handpiece.

LOCAL ANESTHESIA

Most restorative procedures require the use of local anesthetic. We grew up calling it "novocaine". Please avoid using words such as "shot, needle or injection". We never use these words around children. A topical anesthetic is used to help numb the soft tissue at the injection site. The child is told we are going to "wiggle and pinch and put their tooth to sleep". The dental assistant places their arm lightly across the child's chest or holds their hands during the injection to protect the child from reaching up and grabbing the syringe and hurting themselves.