

## An Increasing Prevalence of Brats?

**I**N ONE OF DAN PIRARO'S CARTOONS, "Bizarro", he pictures a three-year-old girl swinging from a chandelier in the family room. The room is in shambles, with an overturned table and a broken window. Mother is explaining to a visitor — "Disciplining a child is simply too much work, so we've decided to let society do it later."

Another cartoon appeared in *USA Today* a few days before Piraro's syndicated cartoon appeared in newspapers across the country. Cartoonist Cathy Guisewite's series was entitled, "The Boom in Brats." Guisewite questions young parents she is visiting — "Can you get a babysitter and go out for one evening, Andrea?" Andrea answers, "Zenith is so close to saying her first word, Cathy, we couldn't leave yet. We were here for her first smile, her first crawl, her first step. We just can't miss the moment she speaks her first word." Can you guess? Zenith's first word was "No!," followed by: "No! No! No!"

Nanci Hellmich (1989) recently quoted two child psychiatrists. She makes reference to a toddler who throws a fit in the candy aisle every time the family goes to a supermarket, or screeches loudly in restaurants, then ignores the parents' pleas to stop. Is this behavior normal, or could you have a "brat" on your hands? She said, chances are a child this age isn't a brat yet but might be one in the making.

Apparently, many experts say children today are at a greater risk of becoming bratty since they are being reared in a more permissive society, often by two-career or single parents who may have too little time or perhaps too little inclination or energy to discipline them. There also is reference in Hellmich's article to the quality-time trap as indicated by Dr. Joseph Novello, a child psychiatrist in Washington, D.C. "They know the quantity of time is not there, so they believe quality time means pampered time, and they resist disciplining their children." Hellmich also

quotes Dr. Stanley Turecki, a New York child psychiatrist, who feels there are more brats today because parents are reluctant to discipline these children in the limited time they have together.

Is the pediatric dentist today seeing more difficult-to-manage or bratty children in his office than did his colleagues a decade or two ago? We do not have good data to determine whether this is true; however, in a manuscript by Allen published in this issue of the *Journal* (*Pediatr Dent* 12:79-82), and in a report by Stanley (1988) at a Behavior Management Conference in Iowa City, Iowa, it was stated that 22% of all children seen in dental clinics today present moderate to severe behavior management problems. It also is recognized that with management difficulties presenting in nearly one in four children, there continues to be a need for alternative safe and effective management techniques.

At the same management conference, Dr. Donald C. Bross (1988), who refers to himself as the closest thing possible to a pediatric lawyer, made the following comment: "If you get difficult-to-manage children, or for that matter adult patients, and try all the techniques that you think ought to make a difference — and they don't make a difference — there is at least a good chance that if you only had some more history, you would understand why this [behavior] is such an issue." Unfortunately, in the short time the pediatric dentist and his auxiliaries have to spend with parents and children, they often do not have all the background that will help them determine the underlying reasons for severe management problems.

The end result of the problem of dealing with the difficult-to-manage child may be no treatment at all, since more dentists today are reluctant to use physical restraint methods that have been used in the past. Also, they may be reluctant to recommend hospitalization of the child and general anesthesia which has minimal but real dangers.

So what is the approach to working with the problem child? Michael Meyerhoff (1989), executive director of Epicenter (a consulting agency in Wellesley Hills, MA), indicates that learning good behavior starts very young. He says the best way to avoid bratty children is to discipline them—or, as many experts prefer to call it, “civilize them.”

I recall a colleague relating the following story to me some time ago. The dentist tried all of the accepted approaches of managing a difficult-to-control child without success. Finally, he took the “time out” approach, telling the parent he was unable to manage the child and would not be able to complete the needed treatment. The child was dismissed, and the parent returned home. A few days later she called and said she would like to bring the child in again for dental treatment. At the next appointment the child

jumped up in the chair, smiling, and opened his mouth. The dentist, somewhat dumbfounded, said, “I don’t understand. Why is your child so cooperative today?” And the parent added, “I took him home and beat the h\_\_ out of him!”

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- Bross DC: The view of those who protect children, in Final Proceedings of Behavior Management for the Pediatric Dental Patient Conference/Workshop, Iowa City, Iowa, Sept. 30–Oct. 2, 1988. pp. 125–30.
- Hellmich N: Parents have less time; indulge kids. USA Today, 1D, July 6, 1989.
- Meyerhoff M: Civilizing your child. USA Today, 5D, July 6, 1989.
- Stanley RT: Nebraska survey of management techniques, 1988, in Final Proceedings of Behavior Management for the Pediatric Dental Patient Conference/Workshop, Iowa City, Iowa, Sept. 30–Oct. 2, 1988. pp. 27–28.
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### **New no-film X-ray device developed**

A new panoramic X-ray machine has been developed by researchers at the University of Texas Health Science Center at San Antonio.

The “DPX 1000” digital panoramic X-ray system exposes dental patients to less radiation, does not require film processing, and is cheaper to use than traditional machines.

The new machine uses electronic detectors rather than film to capture the image of the patient’s head and entire jaw area. The image, captured in a digital form, can be stored on a computer disk and recalled for display on a video monitor. Because the image is digital, it can be enlarged or enhanced as needed for diagnosing disease.

The X-ray photons in the new device hit a detector, which creates an electrical signal based on the intensity of the X-ray beam. The electrical signal then is converted to a digital signal by a computer. The computer then displays the image on a high-resolution monitor.