



Making child patient cooperation a choice “Do you want to do it again?”

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This is a personal account of the utilization of a linguistic technique¹ designed to lead misbehaving or potentially misbehaving children into desirable behaviors and at the same time allow the practitioner to abandon the classic “hand over the mouth exercise.” The reason for this initiative was the increasing controversy over HOME and the perceived difficulty of developing an appropriate informed consent form or obtaining informed consent for this technique from certain parents. This alternative technique to HOME has led to many favorable behavior management experiences over the past decade.

The fearful or recalcitrant child often responds to the environment of the dental office with loud cooperation. Following the child’s introduction to the operator, the child may begin to cry, or after the injection of anesthetic, he may continue to vociferate. In this case the first goal of the clinician is to achieve cooperation so dentistry can be provided with less stress for all parties. In this clinician’s experience, the use of the question, “do you want to do it again?” has proved to be a very reliable means of achieving cooperation of the child patient who seemed headed for avoidance behaviors.

Most children, from two years of age and older, know well what they want to do again, and what they would prefer not to repeat. They will reply in the affirmative if you ask if they want to slide down the sliding board again or if they want another piece of candy. When other means of voice control have failed, the pediatric dentist can lean over, and speaking softly in the child’s ear, ask, “Do you want to do it again?” Almost without exception, the child will say “No.” The pediatric dentist can then reply, “Well, if you cry or move around, we may have to start over, we may have to do it again. And I don’t want to have to start over either.” Remarkably, the child usually assumes a quiet, compliant manner, and the procedure is completed without further vexation.

Often the child patient does not know what the pediatric dentist has done. The initial sensation of local anesthesia may be interpreted as uncomfortable by the child. That perception is what the patient does not want to do again. Of course the operative procedure is not without attending noise and vibration from the handpiece, but the operator or assistant continues to reassure the child that he will feel shaking and hear noise as we “paint your tooth.”

If the child should resume crying or misbehaving, the pediatric dentist promptly looks at the assistant and asks quietly, “Do you think we are going to have to do it again?” The more drama the better. The assistant’s reply is something like, “I don’t know. If he cries, we may have to start over. I sure don’t want to start over. I want to get through this and go home.” Hearing this dialogue, the child reasons that if he doesn’t cry, he, too, will be able to go home soon. The favorable results in behavior modification are sometimes astonishing.

The child’s agreeable behavior is met with enthusiastic praise from all of the staff, and the parent is apprised later of the child’s good conduct.

This question is not perceived as threatening. Rather, ostensibly the query serves to put the situation in the child’s control. The child has a choice, and the decision usually is that he does not want to “start over again.”

Reference

1. Pinkham, J.R. Personality development: managing behavior of the cooperative preschool child. In: *Dental Care for the Preschool Child*. (Edited by Johnsen, D. and Tingnoff, N.) pp 771-788. Dental Clinics of North America, W.B. Saunders Co. Philadelphia, 1995.