WHOSE KIDS ARE THESE, ANYWAY?

By Marvin H. Berman, D.D.S.

Every day newspaper headlines, as well as television news casts and talk shows scream a warning we are failing to heed.

What's happened to us? Have we become so used to reading about and watching crime and violence that we've developed a morbid tolerance for it? Where did we lose our sense of decency? When did that cup of human kindness begin to dry up? And what does all this have to do with dentists—most particularly, pediatric dentists?

Everything.Our practices reflect human dy-namics. The behavior of parents and children and their interplay while they're in our offices parallels the rela-tionships that exist when they are at home. What you see is what is real.

We are seeing the sickening results of a social virus that was planted in the 1960s by such illustrious people as Ginott, Dreikurs and most notably, Spock, who admitted in a recent
public-ation, "I have given rise to a generation of brats." These people told parents that children are people, too. Children have feelings, and adults aren't necessarily right.

The result? Blind obedience is too much to ask from a child; spanking has no place in child rearing and parents should avoid making a war out of a small issue. Don't yell! Emphasize the positive and keep the negative comments to a minimum, so as not to damage your child's self-esteem.

Time after time, parents unabashedly-edly inform me that their two-year-olds won't let them brush their teeth, or they have to chase their little kids around the house to get them dressed. The picture of helpless parents and domineering children is not a v e r y pretty one.

The radical change in family struc-ture has played an important role in influencing child rearing. Today, many women-to their credit-are pursuing exciting and fulfilling careers, while trying with their working husbands to provide the same nurturing, guidance and discipline that a full-time parent provides. For all the good expansion of horizons has brought to women, there has been a commensurate reduction in the integrity of the family unit as previous generations have known it. The fact is that the family is in a state of uncomfortable transition. Today, we see confusion among mothers, fathers, and children, as to who is supposed to do what. As a result, in many families, the children are in charge.

I believe there is a strong genetic component to behavior and young children, even in infancy, display certain personality traits. Can we accept the fact that individuals are born with a certain hair color and body type, a ten-dency to be musically inclined, etc.? If a child exhibits anti-social behavior, such as physical aggressiveness or a stubborn streak, early on, it behooves a parent to address that negative behavior. Whether the problem stems from genes or being the middle child, to ignore, excuse, or condone such behavior is a relinquishment of parental responsibility.

So, we're back to where we started: Who is responsible? Parents.

Many moms and dads are living fear of their children-appeasing them, begging, negotiating, pleading and whining. They let their children know in so many ways that they are not sure of themselves as parents. They wish their children would behave, instead of making it clear that they expect them to behave. Armed with the insecurities people carry to the dentist, parents arrive to our offices with their precious kiddies.

ARE YOU PREPARED?

Marvin Berman has been in private practice of pediatric dentistry in Chicago for 33 years.

Are you ready for this important first visit?

By Marvin H. Berman, D.D.S.

Treating pediatric patients conjures up negative images in the minds of many dentists. In fact, it's a tossup as to whether the dentist or the child is more apprehensive about the encounter.

As presented in our previous segment, parents and children arrive at our offices carrying a suitcase filled with preconceived notions and horror stories, which have been nurtured through the years and passed on from generation to generation. More-over, because of parental in-securities, there are a great number of young children who are the victims of a permissive upbringing and serendipitous guidance, with very few parameters. As a result, many children are overindulged-spoiled, if you will-controlling, manipulating and their crying and whining and temper tantrums can upset parents and most profes-sionals, alike. It's my opinion, after 34 years of observations, that we should strive to separate the child from the parent as soon as possible.

Every dental practice has a modus operandi based on the personality and philosophy of the dentist. My practice revolves around the no nitrous oxide, no papoose board, no sedation, no premeditation, person to person, alert, awake and alive approach to children. The scene is a 7-chair, 3,000-square –foot space, with lots of excitement and diversion. The various auxiliary personnel are outgoing, personable and necessarily confident. It's essential that office personnel and the dentist let their patients know in black and white and verbally where they're coming from in regard to every major issue that could possibly arise. This concisely written and reader friendly office policy statement should cover everything from your feelings about saving primary teeth, space maintenance, appointment scheduling and cancellations, financial considerations, sealants, and fluoride treat-ments, and in my case, such items as why the parents wait in the waiting room while Dr. Berman meets their little honey.

Once the rules are clearly presented in written form, it's up to the auxiliary personnel at the front desk and in the operatory to repeat, clarify, and stand by these principles in a warm but no-nonsense manner.

Children almost invariably are more compliant and relate better to you in the absence of their parents. And it is much easier to make the separation in the waiting room rather than rely on the good behavior of the patient and the emotional maturity of the parent.

Sometimes we encounter the defiant parent who throws down the gauntlet and says, "I'm going with my child into your workroom-or I'm leaving." In this case, it may be necessary for the doctor to personally explain the desire to make friends with the child, one-on-one, without the parental distraction. Trying to have a meaningful conversation with an apprehensive three-year-old and a nervous 30-year-old at the same time is impossible. "Little Billy is the most important person to me at the moment, Mrs. Wilson, and I'm sure he is to you, as well. I'm supposed to have expert child skills, so please allow me to do my magic. I want to make going to the dentist fun. So, Billy, let's do it!" Be charming, sincere and say it like it is. You have one minute to instill confidence in the child and his mom. Now, it's important that you deliver on your promise of providing this "fun" experience. This skill, if you have it, is the single most important practice builder.

Once the little one is under control and having a great time with you, send a dental assistant out to get the parent so he or she can watch the fun unbeknownst to the child. It's the job of the dental assistant to accomplish the physical task of escorting the child from the waiting room to the operatory.

How many times have we heard and used the famous words: "show," "tell" and "do." But for many doctors and their auxiliaries, the simplicity of the words belies the effectiveness of the techniques.

The rule of thumb should be to show familiar objects first. Show the child what he knows, and then show him what he doesn't know. For example, hand him his new toothbrush and then show him yours, the prophy cup. "This is my toothbrush. This is your mirror, this is my mirror. Let's take a drink of water, but first, let's cover your beautiful shirt with this napkin. We don't want to get it wet. Now let's see if you did a good job brushing your teeth. But it's too dark, let's turn on the light." In other words, make the introduction of each procedure flow logically from one object to another.

As an actor, I learned not to move without motivation. It's much the same for the dentist, with showing, telling and doing. You need the light because it's too dark. You need the mirror, so you can see if your teeth are clean. You need the napkin, so your shirt doesn't get wet. You need the gloves so your hands are clean and on and on. Step by step. Don't be in a hurry to get to the cavities. The bad news won't go away. The few minutes spent with a new patient whether it be a child or an adult before jumping into the treatment will pay big dividends in your long-term relationship.

FOR CRYING OUT LOUD

Repeat after me: Children who are crying are not always afraid. Children cry for a variety of reasons. Many people assume that if a child is crying at the dentist, it is to be expected because he's scared. It is absolutely ludicrous to think that when a child cries we can automatically assume that he is crying out of fear. That kind of thinking will paralyze you as a doctor, especially as a pediatric dentist.

It is my contention that what separates the skillful specialist from the conscientious generalist is the ability to recognize the variety of behavior patterns children exhibit and then have the flexibility to deal with them appropriately. Using nitrous oxide, or sedation, or general anesthesia, in my opinion, does not take the place of the uncanny ability to turn the reluctant child around with a phrase, a look, a joke, a hug, a voice change, or anything else.

What is motivating the crying? Is it fear or are we dealing with bratty behavior? Let's settle the issue. Ask the crying child: "What do you want? What can I do for you?" Says the patient, "I want to go to my mommy." Now, this is a key point in the educating process. Don't say, "You can't go until I brush your teeth." Instead, smile and turn on your charm as you say, "Of course, let's go. You can't sleep over, you forgot your pajamas. Show me how you brush and then we have to go right back to mommy." In other words, you can have what you want, but first a word from our sponsor. Bear in mind, you are never angry, never excited and above all never lose your temper. You love children and you want them to love you.

As the clinical portion of the first visit comes to a close, review with the child what you did and talk about what you'll be doing next visit and then the obligatory prizes are given. (Prizes are not bribes, they're little rewards for good behavior.) It is important now to devote meaningful time to the parents who have entrusted their child to you. All the proposed treatment should be presented patiently by the doctor.

Remember, your young patient is a guest in your house and you have curtain rules. Following the rules means having a great time. And that's the key to successful behavior management. Are you having a good time and are you trying to provide a fun time for your patient? Life is funny joke, but do you get it? You are in a position to make the child's lasting impression of dentists a positive one or a negative one. This image of our profession is at stake. Let's make it beautiful.

Marvin Berman has been in private practice of pediatric dentistry in Chicago since 1960.