

Types of Parents in pediatric dentistry

1-over protective parents: the behavior of over protective parents often prevent the natural development of the child to word independence, for example the parents who insists on the remaining with child regardless of the situation or the age of the child .this result from

a-a threating experience to health of the child either during pregnancy or after birth

b-the parent was raised in home that lacked warmth and love

c-mal adjustment in the family

d-some psychological disturbance of the parents of the parents that creates an abnormal need for the child dependence

2-manipulative parents

Manipulative behavior are manifested by excessively demanding attitudes (appointment time; course of diagnosis or treatment) •

Hostile Parents . Hostile behavior are exhibited by parents who questions the necessity for treatment . the reason for hostility may not be apparent to the busy practitioner ,but it may result from

a- poor personal experiences in the dental office,

b- a general negativism toward health professionals,

c- feelings of insecurity in a foreign environment

Neglectful parents : Neglectful parents may not be evident initially in the practice. They are usually discovered by the failure to maintain appointment ,missing recall visits)

Some parents may be unappreciative of the merits of good dental care, other parents who recognize the importance of dentistry for their children may be careless and too busy • Authoritarian •

Classifying children's cooperative behavior

1-Frankl rating scale

rating1: definitely negative-complete refusal of treatment, forceful crying, fearfulness }

rating2: negative-uncooperativeness, some evidence of negative attitude but not pronounced

rating3: positive-acceptance of treatment, cautious behaviour, is cooperative but may become uncooperative once treatment starts. }

rating4: definitely positive-good rapport with dentist, interested, laughing. Enjoying

2 -Wright's clinical classification

Co-operative behavior:- reasonably relaxed, have minimal apprehension and can be treated by a straight forward behavior shaping approach.

Lacking co-operative behavior:- this behavior is contrast to co-operative child.-includes very young child (<2.5) or with specific debilitating or handicapping conditions .

3-Potentially co-operative behavior- differs from a child lacking cooperative ability in that this child is able to cooperate and is physically and medically fit. - potentially cooperative group are further categorized as follows:

a- Uncontrolled behavior:- • seen in 3-6 years. • tantrum may begin in the reception area or even before. • tears, loud crying, physical lashing out and flailing of hands and legs all suggestive of a state of acute anxiety or fear .

b- Defiant behavior:- • can be found in all ages, more typical in the elementary school group. • distinguished by “i don’t want to” or “i don’t have to” or “i wont”. • once won over, these children frequently become highly cooperative .

C- Timid behavior:- • If they are managed incorrectly, their behavior can deteriorate to uncontrolled. • May be from an overprotective home environment or may live in an isolated area having little contact with strangers. • Needs to gain self-confidence of the child .

D- Tense cooperative behavior:- • Accept treatment, but are extremely tense. • Tremor may be heard, when they speak.

E- Whining behavior: -• They do not prevent treatment, but whine throughout the procedure. • Great patience is required while treating such children .

- The Role of the parent

Many dentists have firm views on whether a parent should be present when dental treatment is carried out. However, parents also have views and many prefer to be present during treatment, especially if their child is young or at an initial visit. The major concern for dentists is the potential of the parent to disrupt treatment by inappropriate communication or by exhibiting anxiety themselves. The desire to exclude parents may also reflect the fact that many dentists are used to a one to one relationship with patients and find the three -way interaction threatening. However, involving the parent in the planning stage and outlining their role as a passive but silent helper may provide a comforting presence without unhelpful interference .

- for young children parental presence is important, for older children parental presence appears not to have such a clear effect on child behavior but may be important to the parent. What is essential is that individual practitioners explain their practice policies on parental presence to parents.