

DENTAL CARE AND YOUNG CHILDREN

The attitude an adult has toward professional dental care often develops from his/her experience as a child. Therefore, it is very important for a child's first dental visits to be positive and non-traumatic. I recommend that at about age 2 ½, your child accompany a good role model (parent or sibling) to observe them having their teeth cleaned and examined. Obviously, observing a filling procedure would not be the best idea. If your child is willing, we will then give him/her a ride in our chair, blow air on his/her teeth, show him/her our dental instruments, and give him/her a prize. It serves as an orientation so that our office won't be an unfamiliar place. Be sure to let us know at the time the appointment is scheduled if it will be his/her very FIRST visit to any dentist. Set the stage properly for this new experience. Don't imply that going to a dentist is the result of not brushing or eating sweets. Please respond positively to any negative comments about dental treatment that your child has heard so that your child won't imagine the worst. Do not discuss any personal anxieties or fears that you have about dentistry, or make promises about what we will or will not do. Do not make the dental appointment a "big deal".

The parent's behavior during a child's first visit is crucial!

Parents may accompany their child to the treatment room and remain during the get ready period, but expect to be "asked" if you want to "relax in the reception room" before treatment begins. This is done to empower the child to have higher expectations of himself and shows that you trust the dental staff. Every effort will be made to gain the child's trust and cooperation before you leave. Our experience is that children try harder to cooperate and more effectively draw on their inner strength to deal with new situations when parents are not in the room. This is best accomplished by getting the child to speak directly to us, so **please refrain from answering questions for your child, or re-explaining what we say or do.**

However, the **parent may stay in the treatment room** if either the child or parent does not feel comfortable with this approach. In the infrequent situation that cooperation cannot be attained, treatment will either not begin or be quite limited.

Also know that treatment is not scheduled for our benefit, rather we schedule according to the amount of care your child can likely accept. I recommend that children be scheduled for a time when they are rested, fed, and most cooperative, rather than at a time that happens to be convenient for you (such as at the end of the work day).

If you have questions or comments about our approach, don't hesitate to call and speak to me personally. Unintentionally, anxious parents often create anxious children. Thank you for your cooperation and understanding.