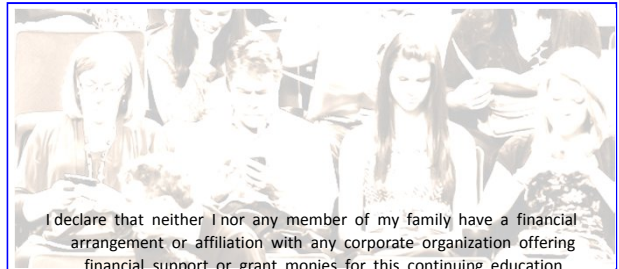


American Association of Orthodontists 2015 Winter Conference

Parent / Child Management *Insights from Contemporary Psychology*

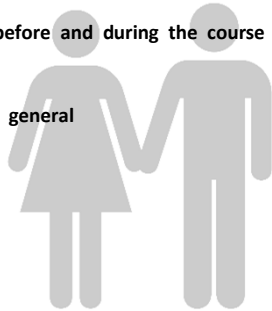


Barbara Sheller DDS, MSD February 7, 2015



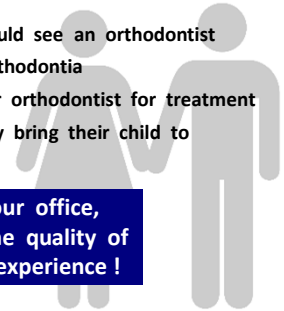
I declare that neither I nor any member of my family have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing education presentation, nor do I have a financial interest in any commercial product(s) or services I will discuss in this presentation.

- Parents influence their child before and during the course of orthodontic treatment
- Socialize their child for life in general
- Transmit family values
- Establish daily routines
 - Eating behaviors
 - Oral hygiene practices



- Decide when their child should see an orthodontist
- Choose an office offering orthodontia
- Decide between a dentist or orthodontist for treatment
- Arrange, finance, and usually bring their child to appointments

**Before stepping into your office,
parents are invested in the quality of
their child's orthodontic experience !**



- Support their child throughout treatment
 - Promote patient coping with difficult appointments
 - Facilitate diet compliance
 - Supply hygiene products / reminders
 - Remind, assist and encourage cooperation with removable appliances and elastics



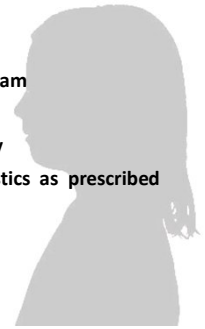
wish list



- Arrive on time for appointments
- Reschedule with adequate notice
- Are courteous to entire orthodontic team
- Facilitate child compliance
 - **Bring out the best in their child**
- Support their child during / after difficult appointments
- Make timely payments for services
- Refer new patients to the practice
- Post positive reviews on social media



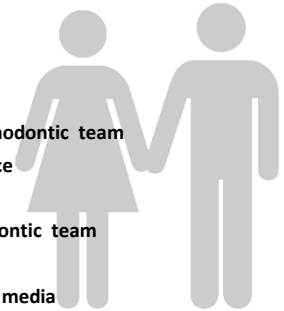
- Cooperative during appointments
- Positive attitude with orthodontic team
- Oral hygiene superstar
- Avoid destructive food / drink / candy
- Wear removable appliances and elastics as prescribed



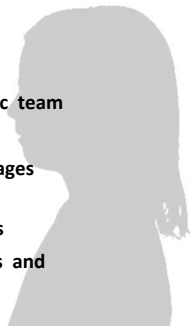
Un-wish list



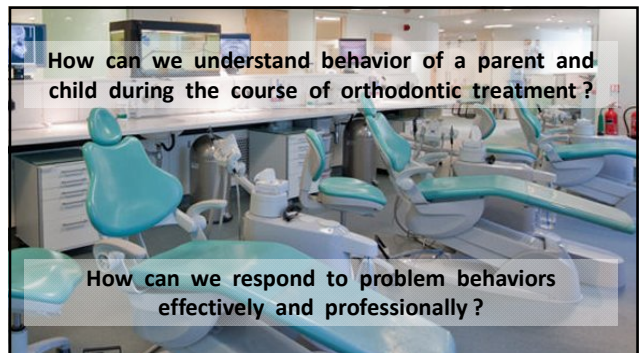
- Arrive late for appointments
- Reschedule on short notice
- No show for appointment
- Demanding and rude to orthodontic team
- Reward child non-compliance
 - **Model negative behaviors**
- Undermine efforts of orthodontic team
- Past due account
- Post poor reviews on social media



- Whines or is uncooperative during appointments
- Negative interactions with orthodontic team
- Chronically poor oral hygiene
- Consumes destructive diet that damages brackets and wires
- Loses or breaks removable appliances
- Irregular use of removable appliances and elastics



How can we understand behavior of a parent and child during the course of orthodontic treatment?



How can we respond to problem behaviors effectively and professionally?

Culture Influences Human Behavior

- Social customs
- Language
- Family life
- Social order and values



In a diverse society, orthodontists should expect to work with families whose cultural traditions and values are different from their own!

Adapted from: Shriver MD & Allen KD. Working with parents of noncompliant children. A guide to evidence-based parent training for practitioners and students. Washington DC. American Psychological Association

Socialization

- Process by which people learn to adopt the norms, values, attitudes and behaviors accepted and practiced by the ongoing system

Social Customs

- What is the proper personal space ?
- What is frequency of social touching ?

Social Customs

- What behaviors are considered rude ?
- How does one show respect ?
- What parts of the body must be covered ?
- How many meals are customary ?
- What type of food is eaten ?
- What is the attitude toward punctuality ?
- Is it acceptable to praise and acknowledge accomplishments ?



Family Life

- What are duties of men and women ?
- Who functions as caregivers ?
- Who makes decisions about children ?
- How is good behavior encouraged ?
- How is bad behavior discouraged ?



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Social Order and Value Systems

- What is the role of children ?
- What is attitude towards adults ?
- What is attitude towards elders ?
- What is attitude towards professionals ?
- What is more valued
 - Competition or cooperation
 - Politeness or honesty


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Is it culture?
Is it parenting style?


- Arrive late for appointments
- Reschedule on short notice
- No show for appointment
- Demanding and rude to orthodontic team
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Could be cultural
Could be parenting style




Edward Angle

- Classification of occlusion – 1890's
 - Describes relationship between maxillary and mandibular teeth
 - Relationship of MB cusp of maxillary 1st molar to buccal groove of mandibular 1st molar
- Classification of parenting styles – 1970's
 - Describes a philosophy toward the child that creates the emotional context in which parent behaviors occur
 - Affection and behavior controls



Diana Baumrind



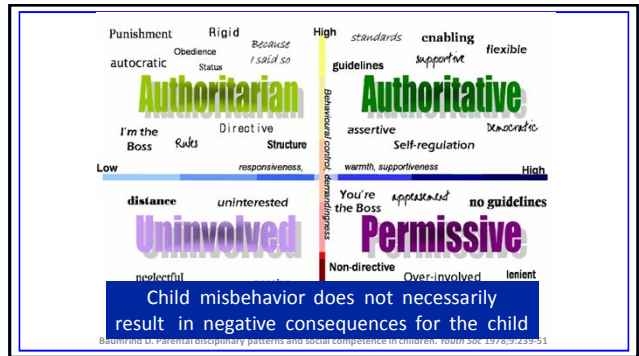
- Baumrind's classification of parenting styles
 - Parental responsiveness – degree to which parent responds to child's needs
 - Parental demandingness – extent to which parent expects mature responsible behavior from child

Children are socialized to follow lead of adults

Adult – child rank more egalitarian
Child is accustomed to choices and control

| Behavioral Reinforcers | |
|---|---|
| Reinforcer | Examples |
| Positive Social Attention | Praise, Comments, Playing games, Pat on the back |
| Tangibles | Treats, Stickers, Prizes |
| Privileges | Computer or media time, Later bedtime or curfew, Greater independence |
| Tokens exchange for tangibles or privileges | Money, stickers, Checkmarks on chart |
| Negative Reinforcement | Breaks from chores, Breaks from homework |
| | |

| Punishment | |
|--|--|
| Adapted from AAP Developmental and Behavioral Pediatrics table 4.3 | |
| Punishment Type | Examples |
| Time out from positive reinforcement | Withdrawal of social attention and activities |
| Verbal Reprimand | Brief instruction to change behavior |
| Privileges withdrawal | Not allowing a desired activity such as cell phone, TV |
| Response Cost | Losing money, stickers, checkmarks on chart |
| Grounding | Child stays at home / No interaction with friends |
| Natural Consequences | Child experiences outcome of their poor choice |



- Whines or is uncooperative at appointments
 - Negative interactions
 - Consumes destructive diet that breaks brackets and wires
 - Chronically poor oral hygiene
 - Loses or breaks removable appliances
 - Irregular use of removable appliances and elastics
- Is it result of a permissive or neglectful parenting style ?
- Is it brain maturity ?

- Whines or is uncooperative at appointments
 - Negative interactions
 - Consumes destructive diet that breaks brackets and wires
 - Chronically poor oral hygiene
 - Loses or breaks removable appliances
 - Irregular use of removable appliances and elastics
- Could be socialization and / or parenting style
- Could be stage of brain maturity

- ### Brain Development
- Not fully matured until mid 20s
 - Maturation occurs back to front
 - Prefrontal cortex is last to mature
 - Children and adolescents often do not perform at a level that reflects their cognitive abilities

- ### Brain Systems
- Rational brain
 - Prefrontal cortex
 - Social – emotional brain
 - Limbic structure, ventral striatum
 - Both systems are always working
- BOTH HAVE VALUE
Either can mislead
-

Rational Brain

- High level reasoning
- Decision making
- Impulse control
- Assessment of consequences
- Planning, organizing, strategizing
- Setting priorities
- Estimating probabilities

Rational Brain Prefrontal cortex

Situation
↓
Assess
↓
Plan
↓
Respond

Emotional Brain Limbic system Ventral striatum

Situation
↓
Emotion – feeling
↓
Respond

Implications

- More likely to engage in risky, impulsive, and sensation-seeking behavior
- Over-value short term benefits and rewards
- Less capable of controlling impulses
- More easily distracted from goals

Klingberg T. The Learning Brain. Memory and Brain Development in Children. 2013 New York. Oxford University Press

Implications

- More emotionally volatile, susceptible to stress and peer influence
- Very sensitive to environmental cues, affective elements, rewards and punishments

Klingberg T. The Learning Brain. Memory and Brain Development in Children. 2013 New York. Oxford University Press

Adolescent Culture

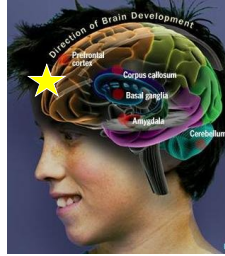
- Egocentric
- Peer dependent
- Distinct language and dress
- Influenced by popular culture
- Ongoing search for identity
- Hyper alert to messages that minimize or discount their experiences

Respecting the Early Adolescent Patient

- Involvement in discussions and decisions
- Recognize developing abilities
- Recognize the kinds of situations in which decision making may be flawed
- Provide limits and direction

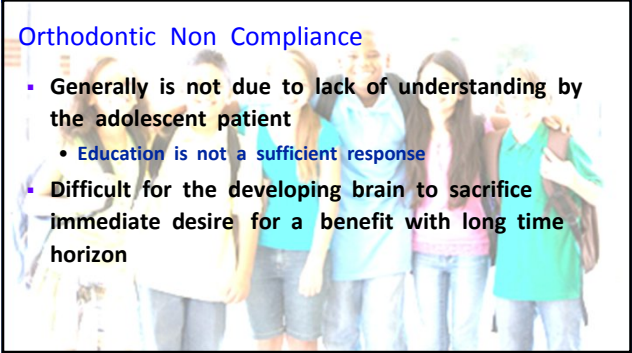
Orthodontics and the Developing Brain

- Compliance with oral hygiene, diet, removable appliances requires use of prefrontal cortex
- When with their friends, social emotional brain system overrides prefrontal cortex



Orthodontic Non Compliance

- Generally is not due to lack of understanding by the adolescent patient
 - Education is not a sufficient response
- Difficult for the developing brain to sacrifice immediate desire for a benefit with long time horizon



Punishment

Adapted from AAP Developmental and Behavioral Pediatrics table 4.3

| Punishment Type | Examples |
|--------------------------------------|--|
| Time out from positive reinforcement | Withdrawal of social attention and activities |
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| Grounding | Child stays at home / No interaction with friends |
| Natural Consequences | Child experiences outcome of their poor choice |

Behavioral Reinforcers

Adapted from AAP Developmental and Behavioral Pediatrics table 4.2

| Reinforcer | Examples |
|--|---|
| Positive Social Attention | Praise, Acknowledgement |
| Tangibles | Treats, Stickers, Prizes |
| Privileges | Computer or media time, Later bedtime or curfew, Greater independence |
| Tokens exchange for tangibles or privileges | Orthodontic Rewards Card |
| Negative Reinforcement | Breaks from chores, Breaks from homework |
| Negative Social Attention | Comments, Reprimands |

Recruiting Parents to Help Adolescent Orthodontic Patients

- Educate
- Ask what best motivates their child
 - Encourage culturally consistent rewards
- Request their support in specific areas
 - Hygiene products and routines
 - Diet compliance
 - Loving reminders: appliances, elastics, hygiene

Applying Science to Help Adolescent Orthodontic Patients

- Prevalence of white spot lesions 18–88 %
- Fluoride varnish application *q* 6 weeks is the most reliable current method to decrease white spot lesions

JUST DO IT.

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Barbara Sheller DDS, MSD February 7, 2015