PSYCHOLOGICAL DEVELOPMENT

AIMS OF TREATING CHILDREN

- 1. Provide positive introduction to dentistry
- 2. Make child accept dental treatment
- 3. Provide restorative and preventative care

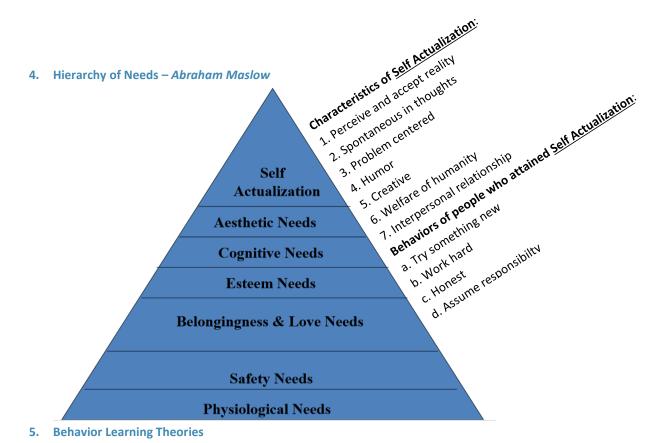
PRIMARY VS PERMANENT TEETH

- Small size
- Bulbous crowns
- Thinner enamel and dentine
- Prominent pulp horns (avoiding pulp exposure is more difficult)

Establishing effective communication with child is one of first objectives in behavior management. This requires assessment of child's behavior.

THEORIES

1. Psychodynamic - Freud		2. Psychosocial – Erikson	3. Cognitive Development - Piaget
Psychoanalytic	Psychosexual		3
ID – Pleasure Principle	Oral	Trust vs Mistrust	
15 Fleasure Filliciple	(0 – 1 year)	(0 – 1 year)	
 Biologic impulse Need to eat, drink, avoid pain & reproduce Necessary for survival 	Characterized by Passiveness and dependency	Needs are met – Trust Inconsistent care – mistrust	
Ego – Reality Principle	Anal	Autonomy vs Shame	Sensorimotor
Lgo – Reality Filliciple	(1 – 3 year)	(2 – 3 year)	(Birth – 2 year)
 Gratification of impulses is delayed until appropriate conditions are found Essential Executive of the personality 	Based on reality principle Regulatory process of environment affects the behavior Characterized by negativism Language skills by 18 months (1.5 years) Mastery over skills	New accomplishments – Autonomy Do everything for child – Doubt Child should think that dentist is doing his or her choice.	 Development of Object Concept: 2-3 mo.: observe object 3-6 mo.: grab object 6-11 mo.: reach out for hidden object
	Phallic	Initiative vs Guilt	Pre-operational
Super Ego – Perfection	(3 – 6 year)	(4 – 5 year)	(2 – 7 years)
 Internalized representation of value and morals of the society Judges right and wrong active Strive for perfection. 	 Curiosity of anatomical differences Sexual identity develops Mutilation anxiety (خوف من اذیة النفس) 	 Initiative – Motor & intellectual activities Guilt – made feel that he/she is stupid First dental visit child wants to be successful 	 Reproducing action seen in past Imaginative (toy as symbol) Ego centric Dental staff use immediate sensation rather than abstract reasoning
	Latency	Industry vs Inferiority	Concrete Operational
	(6 – 12 year) Care-free and untroubled years Acquiring new knowledge Cognitive skills (Mathematical, spoken & written language develops) Physical changes in body (11—12 year)	Industry – Encouraged to finish an effort Inferiority – efforts considered as mess Ortho treatment in this stage (children can define success)	 (7 – 11 year) Perform mental operations which are: Flexible & Reversible Develop dimensional and relational thinking Dental explanation should be illustrative (not abstract)
	Genital	Identity vs Confusion	Formal Operational
	(12 – 18 year)	(12 – 18 year)	(11 year – Adult)
	Adolescence starts with the onset of puberty and ends with accomplishment of developmental task Turther divided into: Early Adolescence: [12—14 girls, 13—15 boys] group activities and sports. Middle Adolescence: [14—16] Turmoil of adolescence, intellectualization & new ideas, becomes independent Late Adolescence: [17—18] Ego identity	Mature mentally and capable of constructing theories and philosophies New interpersonal dimension emerging Ego Confusion +ve -ve Ortho treatment done only when child want it.	 Solving problems Can see things from different perspectives Systematic search for solution Deals with abstract concepts Understand concept of health, disease & prevention



Classic Conditioning – *Ivan Pavlov* **Operant Conditioning** – **Skinner** Unassociated stimuli produce a reflexive behavior **Positive Reinforcement** Direct: reward and social approval Association of one stimulus with other Vicarious: observing someone receiving Mode of learning: Learning by association White coat Pain of injection reward (Neutral stimulus) (Unconditioned) Self-administered: self-praise **Negative Reinforcement** Second visit Fear & Crying Removal of negative stimulus after the (Response) response is achieved Sight of white coat Omission (Conditioned stimulus) Removal of pleasant stimulus (as a consequence of bad temper) Fear and crying **Punishment** Unpleasant stimulus is present. Problems: Reinforced – when there is associated between Timid & oversensitive child conditioned and unconditioned stimulus Behavioral inflexibility **Extinction** – when there is no association. Avoid the situation Learning punishment methods **Dental Management Dental Management** Dentist office should look different Positive and Negative reinforcements is used in Dentist should have a different appearance dental office Punishment (not as effective as reinforcement) Childs first dental visit should be different Mild form is voice control Withdrawal of privileges or parental disapproval