There have been numerous behavioural guidance methods mentioned in the dental literature including: desensitization methods (tell-show-do, distraction, using child’s imagination, humour, and using euphemisms); positive reinforcement and praise; communicative techniques (ask-tell-ask); aversive techniques (voice control, hand-over mouth, protective stabilization); and pharmacological techniques (e.g., nitrous oxide-oxygen inhalation, sedation, general anaesthesia).  

IAPD Consensus Recommendations

1. The medical, dental and social history and cognitive level need to be considered when choosing behaviour guidance techniques.

2. There will be differences between countries and dentists regarding which behavioural guidance techniques are acceptable.

3. To monitor child behaviour or anxiety over time, it is advisable to use a scale, such as the Frankl, Houpt or Venham behaviour scales.
4. Additional informed consent may be necessary for behaviour management strategies used to enable dental treatment.

5. Behaviour management must be performed by adequately qualified dental providers. Each country’s or state’s regulations need to be followed.

6. In some cases, and if the dental needs allow, delaying the treatment or minimally invasive approaches can be an alternative to immediate treatment requiring aversive techniques, sedation and/or general anaesthesia.

7. The most acceptable behaviour management techniques for parents are tell-show-do, positive reinforcement, distraction, and nitrous oxide/oxygen inhalation; the least acceptable ones are protective stabilization and general anaesthesia.

8. Patient protective stabilization may be indicated for a patient who: requires immediate diagnosis/urgent care; requires limited treatment and cannot cooperate; has uncontrolled movements due to age, has emotional or cognitive developmental issues; or is necessary for the safety of the patient, staff, dentist, or parent.

9. Indications for sedation or general anaesthesia include pre-cooperative and fearful patients for whom non-pharmacological behaviour guidance techniques were unsuccessful; and patients who cannot cooperate due to physical, medical or special needs; and patients with extensive dental treatment needs or treatment of dental trauma.