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‘Your teeth you are in control’

Cognitive behavioural therapy to reduce dental anxiety in children

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Introduction

Around 10% of children and young people have severe dental anxiety. Children with dental anxiety tend to have an increased prevalence of untreated decayed and worse quality of life than non-dentally anxious children. Treating children with dental anxiety can be challenging with some dental team members reluctant to carry out dental treatment on anxious patients for fear of reinforcing their dental anxiety. Consequently adolescents with dental anxiety are often referred to secondary dental care services for conscious sedation and their dental anxiety continues into adulthood. However, there is now growing evidence that psychological therapies, based on the principles of cognitive behavioural therapy, can work to reduce children’s dental anxiety.

What is cognitive behavioural therapy?

Cognitive behavioural therapy (CBT) is a widely used psychological intervention that is recommended by the National Institute for Health and Care Excellence for the treatment of depression, anxiety and phobias. It focuses on helping patients develop their own skills to deal with their problems through understanding how their thoughts and feelings influence their behaviours. Cognitive behavioural therapy ranges from low-intensity self-help type programmes via online resources or books up to therapy delivered by a CBT therapist for more complex or severe cases.

CBT for dental anxiety

CBT has been found to reduce dental anxiety and be acceptability to adults with different types used in the UK including CBT delivered by dental nurses as well as psychologist-led interventions. In children, studies have been conducted in Sweden of psychologists providing face-to-face CBT or guided online CBT as part of a paediatric dentistry care pathway. In the UK, the only NHS option for clinical psychology support for children with severe dental anxiety is through a referral to Child
and Adolescent Mental Health Services (CAMHS). However, most CAMHS prioritise children with severe mental health problems.

‘Your teeth you are in control’

Recently a self-help resource based on the principles of CBT, called ‘Your teeth you are in control’ has been specifically designed for dentally anxious children to be delivered by dental teams. This resource, which is aimed at young people aged 9-16 years with mild to moderate dental anxiety, has been developed by a team of young people, parents, dental team members and psychologists. The resources include guides for young people, parents and dental teams (Figure 1). The key aspects are:

- information for young people on the dental team and basic procedures
- suggestions for coping tools and strategies that young people can use
- interactive activities including a ‘message to dentist’, a stop signal signed agreement, anxiety scores and self-reflection on how things went.

The resources are free online (www.llttf.com/dental), as an e-book and with printed versions available.

The perspective of the dental nurse

Once a child and their parent have received the self help resources, they should be supported by their dental team – predominantly the treating dentist and their nurse. The nurse has an important role to play in the provision of the child’s care, and should be comfortable with the materials to allow them to fully engage with the process. It may be a member of the nursing staff who provides the materials to the family, and explains their use. They are also well placed to help ensure the requests set out in the ‘message to dentist’ are met, for example keeping watch for the child’s ‘stop’ signal. Dental nurses already using this resource have observed that the CBT resources can not only improve the child’s dental anxiety, but their overall anxiety levels by enabling them to develop
transferable coping skills. Similarly, the resource can have a positive effect on a dentally anxious
parent, and aid them in appropriately supporting their child through dental treatment. The resource
also allows the child to translate their thoughts and concerns into words, through reflection, where
it may previously have been difficult to verbalise.

Summary

In summary, new psychological approaches have been developed for dental teams to reduce dental
anxiety in the children and young people they treat. These approaches reduce the impact dental
anxiety has on children and families and provide much need alternatives to traditional ways dental
anxiety is managed.

If you are interested in finding out more about the resources please contact

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Figure 1. How to use the Cognitive Behavioural Therapy self-help resources with dentally anxious children (9-16 years)

Prior to using the guide:
- Register on website www.llttf.com/dental
- Visit the 'dental team' section of the site, view the training videos and read the dental team guide
- Think about how you are going to assess child dental anxiety: clinical impression or self-reported questionnaire?
- Obtain hard copy guides for patients or print flyers which signpost them to the online self-help guides. Available from the Sheffield School of Clinical Dentistry online shop.
- Download spare patient worksheets (e.g. 'Message to the dentist') and have these available on the clinic.

Identify patients where self-help CBT will help:
- Patient is assessed as having dental anxiety
- No urgent treatment needed
- Course of treatment required
- Child and family interested in self-help approach

Guide is introduced by dental professional who will be providing the course of dental treatment:
- Describe as 'self-help' guide, avoiding any descriptions of need to do work or books!
- Explain paper guide and online versions available for child and parent
- Highlight was developed with teenagers to increase credibility
- Ask child to have a look through and complete 'Message to the dentist' for their next visit

At the start of each visit:
- Read or review 'Message to the dentist'
- Recognise their past achievements
- Discuss worry/pain score
- Agree tools and stop signal

At the end of each visit:
- Provide specific praise for what they have achieved in the visit
- Complete post-treatment worry/pain score (remind of successes)
- Plan for next appointment (let them know what the procedures will involve and signpost