

## **Comparison of Tell Show Do and Tell Show Do with Video Modeling Techniques Used In Children for Behavior Management**

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**Conflicts of Interest:** Nil

### **Abstract**

**Aim:** The Aim of this study is to evaluate and compare Tell-Show-Do and Tell-Show-Do with video modeling to reduce the Dental anxiety in children.

**Methodology:** The Present study was carried out in 40 children 5-8 years old using Modified Child Dental Anxiety Scale faces version in the Department of Pedodontics and preventive dentistry, K.D.C, Meerut. They were divided into two groups, Tell Show Do (20 in group I) and Tell Show Do with video modeling (20 in group II). Levels of anxiety was recorded and the data collected had been subjected for statistical analysis using SPSS software (Statistical Package for Social Sciences version 22.0 Chicago Inc.).

**Result:** Children in Group II showed a higher percentage of anxiety reduction (28.33%) than children in Group I (10.00%).

**Conclusion:** Tell Show Do combined with video modeling technique is an effective means for the management of anxious and fearful pediatric patients.

**Keywords:** Modified Child Dental Anxiety Scale faces version, Behavior management, Tell-Show-Do & video modeling.

### **Introduction**

Anxiety is an apprehension or source which is unknown or unrecognized from humanistic and behaviorist perspective<sup>1</sup>. Dental anxiety is a normal response and it is actually necessary in many situations for safety and security of the child<sup>2</sup>. Dental anxiety is a term defined as patient's response to stress that he or she faces specific to dental clinic or fear of dental treatment and is one of the main reason for avoidance of dental treatment<sup>3</sup>. In United States It was found that 75 % of population experienced anxiety ranging from mild to severe and among them 5-10

% were such adults who were so anxious, that they avoided dental treatment<sup>4,5</sup>. Neglect of dental care may lead to severity of dental diseases and pain. In this situation further visit to the dentist which in turn enhances the patient's original dental fear and leads to avoidance behavior<sup>6</sup>. Studies<sup>7,8</sup> have shown that the first dental visit is an essential variable in the subsequent development of children's attitudes or beliefs about dentists and dental treatment. Hence early recognition of dental anxiety among children is necessary for appropriate patient management and successful treatment because if it is not managed, it will possibly continue to adulthood<sup>9,10</sup>. It is of great importance that the dental health professional is able to identify children who have dental fear and apply appropriate pediatric management techniques at the earliest age possible<sup>11,12</sup>. Many dentists believe that this technique may be successful and fruitful in the management of anxious pediatric dental patients<sup>13,14</sup>. Hence a study was planned to evaluate and compare Tell-Show-Do and Tell-Show-Do with video modeling to reduce the Dental anxiety in children using MCDASF (Modified Child Dental Anxiety Scale faces version) in the Department of Pedodontics and preventive dentistry, K.D.C, Meerut, India.

### Materials and Methods

After obtaining the Ethical clearance from ethical committee of the institution and informed written consent was obtained from the parents of the children.

### Inclusion criteria

Children with

- ✓ First dental visit
- ✓ Age group 5 to 8 years both male and female
- ✓ Enamel caries
- ✓ No pain.

### Exclusion criteria

- Learning disability

- Swelling and Pain
- Pulp exposure.

### Methodology

The study sample consisting of 40 children of age 5-8 years old were randomly divided into two groups as shown in figure 1.

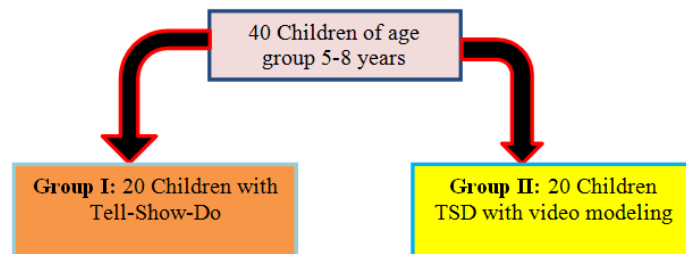


Figure 1

Anxiety was measured using Modified Child Dental Anxiety Scale faces version. Two types of behaviour management techniques were performed separately for both the groups before, in-between and after the treatment. Data collected had been subjected for statistical analysis using SPSS statistical software (Statistical Package for Social Sciences version 22.0 Chicago Inc.).

**Scales used in the present study:** The Modified Child Dental Anxiety Scale (MCDASF) was developed by Wong HM, Humphris GM and Lee GT (1998) based on Corah's Dental Anxiety Scale<sup>15,16</sup>. In the present study, the last two procedures (DGA, and RA) in MCDASF scale were not included so as to minimize the complexity and it was further modified by omitting the last two questions (from 8 questions to 6 questions). The total score of this modified MCDASF range from 5 (little or no anxiety) to 30 (extreme anxiety)<sup>17</sup> as shown in figure 2.

Modified MCDASF How do you feel about					
	1	2	3	4	5
1. Going to dentist generally	1	2	3	4	5
2. Having your teeth looked at	1	2	3	4	5
3. Having your teeth scraped and polished	1	2	3	4	5
4. Having an injection in the gum	1	2	3	4	5
5. Having a filling	1	2	3	4	5
6. Having a tooth taken out	1	2	3	4	5

Figure 2

## Results

**In Group I:** 10.00% reduction in anxiety levels was observed in TSD before and after treatment which was significant (0.001) as shown in Table 1.

TSD	Min	Max	Mean ±SD	% Reduction	Mean Ranks	Z score	P Value
Pre	8.01	19.00	12.00±2.32	10.00	8.26	-2.384	0.001
Post	7.00	13.00	10.30±1.23		1.45		

**In Group II:** 28.33% huge reduction in anxiety levels was observed when TSD was combined with video modeling before and after treatment as shown in Table 2.

TSD with Video modeling	Min	Max	Mean ±SD	% Reduction	Mean Ranks	Z score	P Value
Pre	6.00	15.00	10.74±2.53	28.33	8.00	-2.524	< 0.001
Post	5.00	10.00	6.55±1.04		0.00		

When values were observed before and after treatment among two groups, there was statistically significant difference between TSD and TSD combined with video modeling ( $p < 0.001$ )

## Discussion

TSD is a therapeutic technique that reduces anxiety evoking stimulus and is commonly used in the first appointment of a fearful and apprehensive child and is most commonly used technique in pediatric dentistry. Anxiety is a normal response and it's not the child's anxiety, but the way he/she copes with his/her fears, determines the type of dental patient. An anxious child<sup>1</sup> may result avoidance of dental treatment all together with fear. Studies<sup>18,19</sup> have shown that girls had higher anxiety

than boys which is similar to the present study. Whereas different studies showed that gender might not predict dental anxiety by itself, but interaction with the other variables could predispose children to the problem. In this study, significant difference was observed between TSD and TSD combined with video modeling. Similar findings were observed in other studies<sup>4,5,9</sup>. The reduction of fear in TSD combined with video modeling may be due to filmed model that brings positive attitude towards treatment. Exposure to the TSD with Video modeling may familiarize the children to the use of common dental equipments and will help to reduce their anxiety and negative behavior. In the present study children prepared with TSD combined with video modeling showed a higher percentage of anxiety reduction (28.33%) than children with TSD (10.00%) which was similar to the study done by Farhat-McHayleh N et al<sup>20</sup>.

## Conclusion

The present study recommends that TSD Combined with Video Modeling was more effective than TSD alone in reducing anxiety and fear in children before and after treatment. Dental professionals should seize the opportunity to manage the behavior of children by using proper behavior managing technique and make dentistry as Pain free and emphasize positive changes towards dental treatment.

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