

# The 15 Worst Things to Say to Your Young Patients

## 1.) “Why can’t you be more like your sister?”

No child likes being compared to a sibling. It breeds resentment and creates a disconnect between you and the young patient. Instead of comparisons, use Dental Talk that describes the behavior you desire. If you are unhappy with a child’s behavior be specific about what you want without giving in to the temptation to manipulate a child’s behavior through references to a brother or sister. Treat each young patient like the unique individual that they are.

## 2.) “Knock it off.”

“Knock it off” is an attempt to use your position of authority to control the child. This power move sets up a *big me, little you* hierarchy that actually encourages power struggles. The child, feeling unempowered, chooses behaviors designed to gain power by doing resistance, resentment, and other passive-aggressive maneuvers that make your job more difficult.

Instead of “Knock it off” we suggest you tell the child, “I am having trouble completing my work, please make a different choice.” This style of Dental Talk allows the child to choose an appropriate response and prevents a power struggle from occurring.

## 3.) “If you don’t brush, you’ll lose all your teeth.”

The statement above is not true. The teeth may get discolored and filled with cavities. They may become extremely painful from time to time. “You will lose all your teeth” is an attempt to use fear to control the patient. Tell the child the truth and leave the decision about what to do with their teeth to them.

## 4.) “You’re acting like a baby.”

This is name-calling. It has no place in a professional office where skilled dental workers are attempting to build a positive relationship with patients. If you notice yourself calling children names perhaps its time to rethink your decision to take children as patients.

## 5.) “Big boys don’t cry.”

Yes, big boys do cry. And so do little boys. All children cry on occasion. If a child’s crying is preventing you from moving forward with your dental agenda, take a time out. Allow the child to calm down. Soothe the child with your listening skills and with honest answers to their concerns. To attempt to prevent crying using gender stereotypical language does not prevent crying. It only helps the young boy feel guilty about feeling and expressing a normal emotion.

**6.) “That’s disgusting.”**

The words out of your mouth may be, “That’s disgusting,” but what children often hear is “You’re disgusting.” If a young patient is choosing a behavior you interpret as disgusting, describe the behavior specifically and tell the child what behavior would be more appropriate. Say, “I noticed you just spit on the floor. What we do here is use a tissue if we need to get something out of our mouths. Next time please use the tissue.”

**7.) “If you don’t stop that I’m going to have to knock you out.”**

Using a dental procedure as a threat in order to obtain desired behavior is not appropriate. Instead, explain the present choices to a child and the consequences that go with each. Say, “It is important that you use the head strap so I can be sure you are completely still. If you choose not to have the head strap you will be deciding to have the alternative which is anesthesia.”

**8.) “I’m going to have to tell your mother how bad you are.”**

Threats do not influence a child caught up in strong emotion. This threat is counter-productive because it is likely to increase the child’s fear and add to the emotional burden the child is carrying.

**9.) “Where are your manners?”**

This Dental Talk is not direct or honest. The question is one to which you don’t even expect an answer. If a child responded to this question with, “It’s in my back pocket,” you would think the child was being disrespectful. Actually, you started it.

**10.) “Because I said so, that’s why!”**

This is another attempt to use the authority of your position to do a power move on the patient. It lacks respect and needs to be eliminated from your Dental Talk. Imagine your reaction if I responded to your question about why this is unhelpful Dental Talk, with “Because I said so. That’s why!” Your internal dialogue might be, “Who does he think he is? Nobody can tell me what to do.” Children will react in a similar manner.

### **11.) “You ought to be ashamed of yourself.”**

Shame-based manipulation that attempts to control by placing guilt in the heart of the child flows from a belief that people need to feel guilty before they will change. The idea is that if your client can be shamed into feeling guilty, he'll change his behavior and do what you desire.

The use of shame and guilt often backfire. Their use produces resistance and resentment. Children realize on some level they are being manipulated, pushed and controlled by the adult who shames. Manipulation breeds resentment. Pushing calls forth pushing back. Control is resisted.

### **12.) “Don’t do that.”**

Helpful Dental Talk informs children what *to do* rather than what *not to do*. Telling children what to do teaches. It gives them specific instruction concerning the desired behavior.

### **13.) “I’ll tell you when you can take a break.”**

If you hear yourself utter this sentence, be assured it is time to take a break. Instead of flaunting your authority by informing your young patient who decides when to take a break in your office, tune into the clues she is sending you. When you notice restlessness, a fading attention span, or an increase of noncompliant behavior, tell her, “It looks like you need a break. Relax for a bit. I’ll be back in a couple of minutes to finish up.”

### **14.) “You’ll be fine. I promise.”**

Reassurance sent to a child in the midst of strong emotion falls on deaf ears. When a child tells you he is scared or appears afraid or nervous, reassurance is not what is needed. This child needs to feel understood. Demonstrate understanding by paraphrasing what you just heard. Say, “So it’s scary for you to be here. Tell me more about that.” Engage the child in dialog. Get him talking about his concerns and reflect back to him what he tells you using your words to paraphrase his.

### **15.) “You won’t feel a thing. Trust me.”**

Trust in the dental office is not something that comes easily. It certainly does not come as the result of simply telling a child to activate it. Trust must be built slowly over time. Trust occurs most quickly when a positive relationship exists between you and the patient. If you tell a child she won’t feel a thing and then she does feel something or even imagines she feels something, trust is diminished. Instead of saying “trust me” work to build a relationship with your young patients. If you say what you will do, do what you said you would do, and tell the truth, trust will develop.

For additional strategies to help you encourage children to become more relaxed, cooperative and supportive of the work you need to do we recommend *Dental Talk: How to manage Children's Behavior with Effective Verbal Skills*. This book will teach a style of language and a system of communication that will create less stress, cut down on negative behaviors from your young patients, and enable you to accomplish your dental task with a minimum of hassles, frustrations, and power struggles.

*Dental Talk* has been designed to help you increase the number of verbal tools you have available in your communication tool kit. You will find a variety of verbal skills and language patterns that can strengthen your relationship with young patients and enable you to simultaneously administer to their teeth and to their spirit. It will help you meet your needs as well as theirs.

*Dental Talk* is an indispensable collection of communications skills for building an atmosphere of trust and cooperation with your young patients. Order your copy today at <http://www.dentaltalk.net/books.html>