Bibin technique for behavior management

Bibin Jacob Emmanuel¹, Jacob Raja², Diksha Shekhawat¹, Prajakta Ganeshrao Gaikwad¹, Marikinda Manzoor³, Rakshundha Manzoor¹

¹Department of Pediatric and Preventive Dentistry, Jaipur Dental College, Jaipur, Rajasthan, India, ²Department of Periodontics, Rajas Dental College, Tirunelveli, Tamil Nadu, India, ³Department of Conservative Dentistry and Endodontics, Jaipur Dental College, Jaipur, Rajasthan, India

Abstract

Background: Bibin technique emphasizes on various steps to manage child behavior. It should be started from the 1st visit of the child to the day when the treatment is ending. Child becomes very sensitive to expressive emotions at an age of just 1 year. It has to be noted that this sensitivity to expressive emotions is the one that brings about social development in an individual. Hence, we should harness the power of the expressive emotions in controlling the child fear and anxiety. We have to keep in mind that fear and anxiety reduces the pain threshold. Bibin technique is all about instilling a positive attitude within the child by harnessing the power of expressive emotions from the environment surrounding him or her through a series of steps. This review is to prove the efficiency of Bibin technique in reducing the fear and anxiety of child.

Materials and Methods: One hundred children were selected randomly for this study. Parent and patient consent was taken before initiating the procedure. Children selected were between the ages of 4 and 14 years. Fifty children were taken into the control group (Bibin technique) and the rest 50 was taken as non-control group. Pulse rate and facial imaging scale were used to analyze the effectiveness of Bibin technique.

Results: It was found that the children who undergone Bibin technique had given a rating of 1–2 while those who were not in the non-control group had given a rating of 3–4 and pulse rate was lower in children who were in the control group.

Conclusion: Pedodontists can effectively use Bibin technique and extensive patient planning and selection to frame the mind of the child toward treatment and establish a positive mentality within the child.

Keywords:
Anxiety, behavior management, Bibin technique, phobia

Introduction

Bibin technique emphasizes on various steps to manage child behavior. It should be started from the 1st visit of the child to the day when the treatment is ending.

Child becomes very sensitive to expressive emotions at an age of just 1 year.¹ It has to be noted that this sensitivity to expressive emotions is the one that brings about social development in an individual.² Hence, we should harness the power of the expressive emotions in controlling the child fear and anxiety. We have to keep in mind that fear and anxiety reduces the pain threshold.

Bibin technique is all about instilling a positive attitude within the child by harnessing the power of expressive emotions from the environment surrounding him or her through a series of steps. This review is to prove the efficiency of Bibin technique in reducing the fear and anxiety of child.

Aim

The aim of the study is to test the efficacy of Bibin technique in reducing the fear and anxiety to induce a positive attitude in children toward care and the dentist.
Materials and Methods

For this research, 100 children were chosen randomly. Before beginning the procedure, parent and patient consent was obtained. With respect to the whole process, they were well educated.

The children chosen were around 4–14 years of age. Fifty kids were placed into the control group (Bibin technique) and the other 50 kids were taken into the non-control group. Bibin technique was initiated the moment child came to the department.

Facial imaging scale has been used to rate the patient’s comfort for treatment. Patients pulse rate and anxiety scoring were noted in the beginning and also at the end of the treatment. Same pulse rate with anxiety score was noted in the follow-ups to find the efficiency of the technique.

Inclusion criteria

The following criteria were included in the study:

- Kids 4–12 years old
- Kids who visited pediatric dentistry department for the 1st time
- Children whose parents/guardians consented to take part in the study for various treatment procedures.

Exclusion criteria

- Children appeared to have deficient physical growth
- Children appeared to have deficient mental/psychological growth
- Children appeared to have behavior problems (excessive attachment to parents, etc.)
- Children with acute pain and/or immediate treatment needs.

Discussion

For this research, 100 children were chosen randomly. Children are more open to suggestions than adults because of their imaginative abilities and their uncritical thoughts except only the deaf and those who are completely unable to assimilate what is being expressed them. Fifty kids were placed into the non-control group and the other 50 kids were taken into the control group. The children chosen were 4–14 years of age.

Have to remember that external environment plays an important role. It must be remembered that to treat a kid you yourself has to become a kid. The first move is to take the child to the chair jolly with a warm, supportive touch which instill an assurance, comfortability with a child subconsciously, and bribe the child with gift as have to remember that 1st impression is the best impression. The 2nd step is to go for a laugh therapy competition for 1 min which should help in the release of endorphin reducing the stress and simultaneously relaxing the entire body (make sure that with patient, everyone surrounding the kid too should take part). The 3rd step is starting the treatment with expressive story telling taking all the people, objects dentist is using. Story with expressive emotions should follow hand in hand with the dentists current stage of dentists treatment step.

- Story telling should be age oriented and words used should be according to the child understanding and imagination to visualize.
- Followed by warm supportive touches in the shoulder in between treatment, mimicking the child or asking the guardian to hold a mirror in front of the child during treatment.
- Focusing on the eye should not be done whole time rather it should be done when emphasizing on things like starting of the use of needle, handpiece, files, etc.; as the necessary emphasis could be conveyed to the child.
- Have to give designated name to the objects so that they could fit appropriately into stories plot.

The 4th step is giving a break of 5 min between your treatment allowing the child to have his/her own time in which he/she can play games in mobile and watch videos. At that time, the dentist could sit side by side with the patient in the chair having conversation with patients guardian. Have to inform the guardian any questions should be asked with a smiling face as any negative emotion from patient or nearby could affect the child behavior indirectly. The 5th step compliment the child with gift even if his cooperation was not that great and the dentist and the guardian should inspire the child by saying how well he did even if the child was not that supportive which increases the patients compliance towards treatment. The 6th step should be carried by the family members of the kid. Guardian should be instructed to talk in such a manner praising the dentist how effectively he was catching the microbes with his tooth pick and how the child also supported him in catching the running germ in kids mouth and should also be instructed to have bed time stories related to the dentist, kid, and the microbe. On the appointment day, guardians should be enthusiastic to get the child to the dental office no mode of negative manner should be there from the guardians side and like normal talk indirectly the guardian should emphasize the point that how doctor gave chocolates 2 times to the kid and this time what he’s going to give to the child. Which would create a suspense within the child thus helping to create a enthusiasm within the child.

Facial image scale and pulse rate were used to rate the patient’s comfort for treatment.

Results

Treatment done here was RCT, pulpotomy, pulpectomy, indirect pulp capping, and direct pulp capping [Table 1]. It was observed that children who were in the control group gave a rating of 1–2 and those who were in the non-control group gave a rating of 3–4 and the pulse rate was lower in children who were in the control group [Table 2]. It was also found that in the subsequent visit children in the control group had less pulse rate and scored 1–2 rating which proved the fact that Bibin technique was effective in reducing child fear, pain, and anxiety about the treatment and dentists.
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Conclusion

Pedodontists can effectively use Bibin technique and extensive patient planning and selection to frame the mind of the child toward treatment and establish a positive mentality within the child.

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Table 1: Treatment done in patient

| Treatment done      | Patient |
|---------------------|---------|
| Indirect pulp capping | 15      |
| Pulpotomy           | 10      |
| Direct pulp capping  | 25      |
| Pulpectomy          | 25      |
| Root canal treatment| 25      |

Table 2: Difference in pulse rate

| Pulse rate beats per minute | Mean value |
|-----------------------------|------------|
| With Bibin technique        | 108.56     |
| Without Bibin technique     | 103.26     |

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How to cite this article: Emmanuel BJ, Raja J, Shekhawat D, Gaikwad PG, Manzoor M, Manzoor R. Bibin technique for behavior management. J Adv Clin Res Insights 2021;8(2):27-29.