سورة لقمان

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَوَصَّيْنَا ٱلْإِنسَـٰنَ بِوَٰلِدَيْهِ حَمَلَتْهُ أُمُّهُ وَهْنًا عَلَىٰ وَهْنٍ وَفِصَـٰلُهُ فِى عَامَيْنِ أَنِ ٱشْكُرْ لِى وَلِوَٰلِدَيْكَ إِلَىَّ ٱلْمَصِيرُ

Child psychology and healthcare

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Contents

Understanding Child Development

Understanding child development has evolved significantly, influenced by developmental psychology.

Children actively shape their own growth, and no single theory fully explains the process.

PARENTS INVOLVEMENT

Development is shaped by both nature (genetics) and nurture (environment).

Key aspects include cognitive, social, and motor development, all of which influence parenting, education, and children's rights.

Healthcare professionals must understand these factors to interact effectively with children and parents

Social Development

Attachment Theory

One crucial aspect of child development in dental settings is attachment style, which shapes how children form relationships.

Attachment relates to the formation and development of social and close interpersonal ties between a child and its caregivers which, in turn, greatly influences how a child will build relationships as an adult.

Psychiatrist John Bowlby developed attachment theory, emphasizing children's innate need for attachment for survival.

Attachment involves both the child's bond with caregivers and the caregivers' response to the child.

Children are born with a repertoire of specific behaviours (e.g. crying, eye contact, mimicry, smiling) with the purpose of promoting closeness to the caregiver Children develop attachment behaviors like smiling or eye contact to maintain closeness.

Attachment Styles

Secure

Anxious- Ambivalent

Avoidant

Fearful-Avoidant

Researchers have proposed that children (along with their caregivers) broadly fit into one of the four main attachment styles, which may resonate with the experiences of dental health professionals in their everyday practice

Avoidant Attachment

The child has little experience of the attachment figure being there if needed, so has learnt to deal with the world mostly by themselves.

The child may seem independent and confident in many situations, but this is more a reflection of being forced to manage frightening situations alone, rather than because they actually feel safe.

The attachment figure is described as withdrawn, dismissive, often angry and can appear "uncomfortable" with any physical contact.

Secure Attachment

The child knows that the attachment figure is accessible, responsive and helpful in difficult/frightening situations.

The child explores the world freely, knowing that their safe haven is accessible if needed.

The attachment figure is often described as warm, accepting and attentive.

Ambivalent Attachment

The child has mixed experiences of getting help and support from their attachment figure, so does not know if they are safe or not.

These children seek help and support when they don't really need it, but rather because the attachment person may need it.

The children seek contact and closeness in a way that inhibits their independence.

The attachment person is often described as anxious or unpredictable, sometimes warm and loving, sometimes cold and dismissive.

ANXIOUS ATTACHMENT

Disorganized Attachment

The child appears chaotic, afraid and difficult to understand because they display contradictory behaviours.

The child has no clear strategy for interacting with the attachment person, because the child does not know if the attachment person will harm them or not.

They have often experienced that the attachment person can be intimidating and dangerous.

The attachment person, who is supposed to protect and comfort the child, is also the one that can hurt and be threatening to the child

These four categories describe the quality of the bond between the child and the attachment person/s

Secure	Anxious-Ambivalent	Avoidant	Fearful-Avoidant

Attachment style is considered one of the most important risk/protective factors in child development and acknowledges the key role of caregivers in shaping the child's development.

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Attachment behaviour becomes especially visible when the child is placed in an unfamiliar situation (such as in the dental setting) that is perceived as unsafe, unpleasant or painful for the child and/or the attachment person.

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It is useful to be aware of the different attachment styles to better understand pre-cooperative behaviours and to take into consideration child-parent interactions during the dental visit

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Emotional Development

Balancing against their need for safety is a child's inherent curiosity and urge to explore the world.

Children who feel "safe" tend to have greater motivation and energy to explore and learn than children who feel insecure and unsafe.

A term used in child psychology is a "safe-haven" which may be offered by parents/caregivers and is essential to supporting children to develop in an emotionally healthy way.

Children tend to regulate their emotions by shifting between exploring and asking for support/safety. These cycles are important in terms of helping children to manage their emotions by themselves in the future.

Adequate regulation relies on adults responding appropriately to a child's signal for need and this is very evident in the dental setting

Parents who, for example, prepare their child for their first clinic visit by role playing the dentist-patient encounter and introduce the unfamiliar situation in a safe environment make the visit less unpredictable and scary.
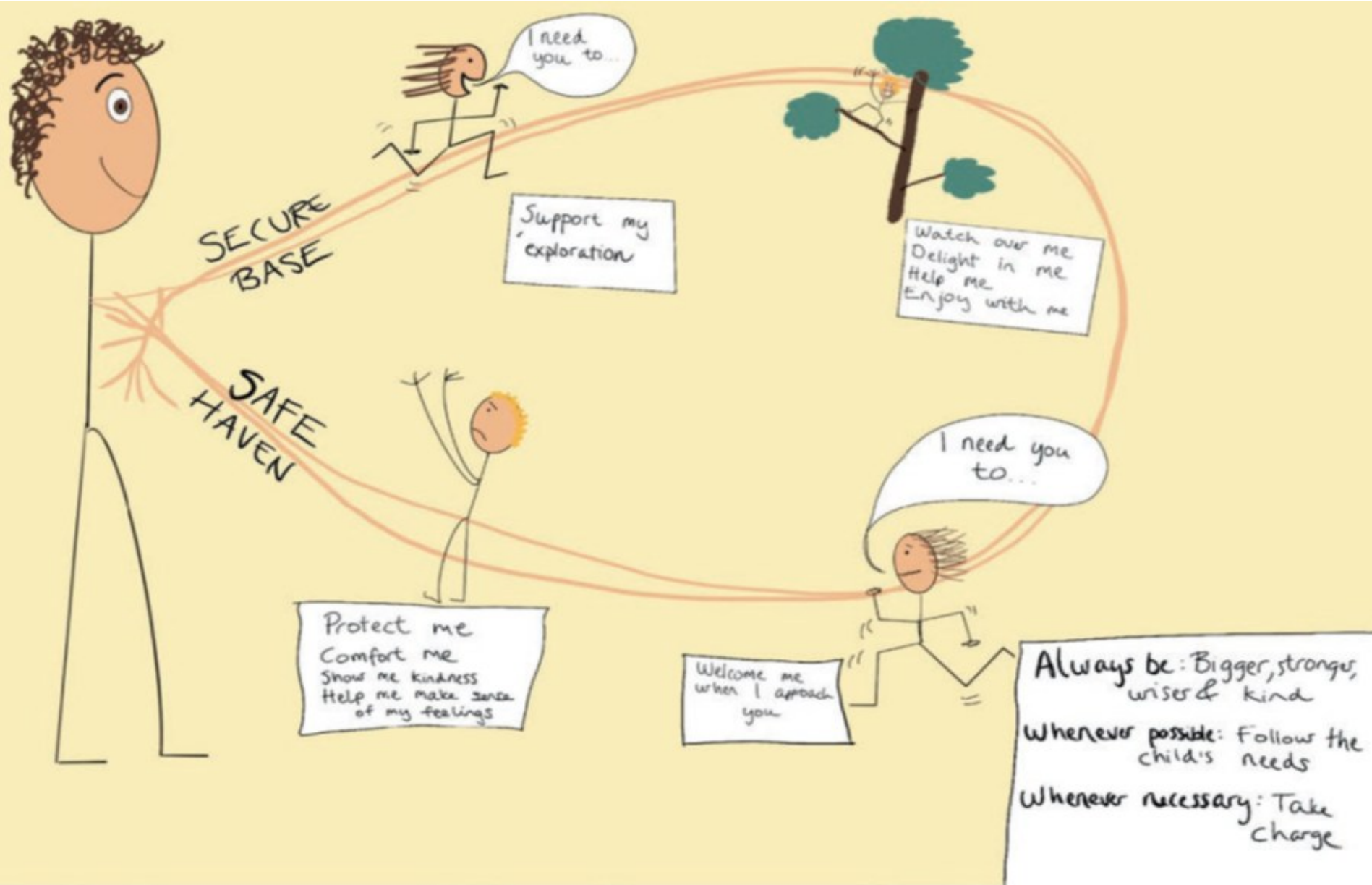

Parents can also facilitate children's acceptance of dental equipment (e.g. light or mirror) by using a curious and encouraging tone of voice to engage the child's urge to explore.

These are good examples of interactions that help the child to regulate their negative and positive feelings in the dental treatment situation

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Circle of Security

THANK YOU