

# Dental Anxiety in Children

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### # Dental Anxiety in Children: Compassionate Care from Day One

Dental anxiety is one of the most common challenges facing children — and their parents. It's completely normal, and it's something our specialist paediatric team at Collins Street Specialist Centre is specifically trained to address. Whether your child has had a difficult experience in the past, is simply nervous about the unknown, or has complex sensory or behavioural needs, there are approaches that genuinely work.

The goal is never just to get through an appointment. It's to help your child build real confidence — so that dental care becomes something they can manage, and eventually accept without fear, for the rest of their lives.

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### ## What Is Dental Anxiety in Children?

Dental anxiety describes a spectrum of fearful or avoidant responses to dental care — from mild reluctance and tearfulness to significant distress that makes treatment impossible without special support. It's not a character flaw or a sign of bad parenting. It's an extremely common and understandable response in children, who often struggle with:

- **Fear of the unknown** — unfamiliar environments, sounds, smells, and faces
- **Loss of control** — lying back with someone working inside their mouth
- **Previous negative experiences** — pain, discomfort, or being rushed
- **Anticipatory anxiety** — worrying in advance about what might happen
- **Sensory sensitivities** — particularly common in children with autism spectrum disorder (ASD), sensory processing differences, or developmental variations

Research suggests that up to 20% of children experience dental anxiety significant enough to affect their ability to receive routine care. Without appropriate support, this can lead to delayed treatment, escalating dental problems, and anxiety that persists into adulthood.

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### ## When Should You Seek Help?

Consider seeking specialist support if your child:

- Becomes extremely distressed before or during dental appointments - Cries, refuses to open their mouth, or becomes physically resistant to examination
- Has avoided dental care for six months or more due to anxiety
- Has a diagnosis of ASD, ADHD, sensory processing disorder, or another developmental condition that affects how they engage with new environments
- Has experienced a traumatic dental event (painful treatment, an emergency, a fall involving the mouth)
- Is showing signs of dental problems (tooth pain, visible decay, swollen gums) but cannot tolerate being examined

You don't need to have an existing dental problem to seek specialist guidance on anxiety management. Proactive support is always better than waiting for a crisis.

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## ## What to Expect at Collins Street Specialist Centre

Our paediatric dental team uses a layered approach to anxiety management — starting with the gentlest, least invasive strategies and adding further support only when genuinely needed.

### ### Teddy Bear Therapy — Our Signature Approach

One of the most powerful tools in paediatric dentistry is giving a child agency over their own experience. **\*\*Teddy Bear Therapy\*\***, as used by Dr Susan Hinckfuss and the CSSC paediatric team, involves letting children bring their own comfort object — a favourite toy, teddy, or even a special blanket — to the appointment.

It sounds simple, but the psychology behind it is well established. The comfort object: - Provides a familiar anchor in an unfamiliar environment - Gives the child something to focus on and "share" the experience with - Allows the dentist to demonstrate procedures on the toy first, reducing the unknown factor - Restores a sense of control at a moment when children often feel they have none

The teddy can "go first" — having its teeth counted, getting a gentle clean, or sitting quietly beside the child. We've seen this approach transform genuinely frightened children into engaged, cooperative participants in their own care.

### ### Tell-Show-Do

Every procedure is explained in age-appropriate language before anything happens. We tell your child what we're going to do, show them on a model or the toy, and then do it. At every stage, we check in and honour their responses. If they need to stop, we stop.

### ### Gradual Desensitisation

For children with severe or long-standing anxiety, we may recommend beginning with purely social visits — coming in to sit in the chair, meet the team, and leave without any treatment at all. Then a gentle count of the teeth. Then a polish. Building positive experiences incrementally is more effective than trying to complete everything in a single appointment.

### ### Environmental Adjustments

Our practice is designed to be as calm and child-friendly as possible. For children with sensory sensitivities, we can adjust: - Lighting levels - Appointment timing (quieter parts of the day) - Staff numbers in the room - Noise and equipment exposure

For children with ASD, Dr Susan Hinckfuss has particular clinical expertise — including experience managing children who cannot tolerate routine sensory input or unexpected changes in environment.

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## ## Pharmacological Support: When It's Needed

Behavioural management alone is effective for the majority of children. But for some — particularly those with severe anxiety, significant special needs, or complex dental treatment requirements — additional support is appropriate and safe.

### ### Nitrous Oxide (Happy Gas)

Nitrous oxide, inhaled through a small nosepiece, produces a gentle relaxation effect within minutes. Your child remains fully awake, responsive, and cooperative — they simply feel calmer and less bothered by what's happening. It wears off within minutes of the mask being removed, and children can go to school or resume normal activities afterwards.

Nitrous oxide is the first-line pharmacological option for anxious children. It is safe, well-tolerated, and highly effective for mild-to-moderate anxiety.

### ### Oral Sedation

For children who need a deeper level of relaxation, oral sedation (a small dose of medication taken by mouth before the appointment) can make the experience manageable. Your child remains conscious but drowsy. A responsible adult must bring them to and from the appointment, and they need to rest afterwards.

### ### General Anaesthesia (GA)

For children who genuinely cannot tolerate dental care while awake — due to very young age, severe anxiety, profound special needs, or the extent of dental treatment required — treatment under general anaesthesia provides a way to address multiple issues safely in a single session.

Dr Angel Babu, who works as a senior dental registrar at the Royal Children's Hospital Melbourne, has significant expertise in GA dentistry. All GA procedures are arranged at an accredited facility with an anaesthetist, and the highest standards of paediatric safety protocols apply.

GA is reserved for situations where the benefit clearly outweighs the risks, and is never used as a default or shortcut — it is offered when it is genuinely the best option for the child.

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## ## Home Preparation: What Parents Can Do

Before the appointment: - **Keep your language positive and vague** — avoid "it won't hurt" (this raises the possibility), "just a little prick," or negative words - **Don't over-explain** — brief, upbeat framing works better than lengthy reassurance - **Role play at home** — counting teeth, the chair going up and down, the counting mirror - **Bring the comfort object** — we actively encourage this - **Model calm** — children read their parents closely; your own anxiety about the appointment will transfer

At the appointment: - Allow the dental team to take the lead on behaviour management — they are trained specialists - Stay calm and supportive in the background - Avoid pleading, bargaining, or threatening (all of which raise the emotional stakes) - Celebrate successes afterwards, however small

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## ## Why See a Specialist Paediatric Dentist?

Managing anxious children in a dental setting requires specific training in child development, psychology, and behaviour management — skills that are core to a specialist paediatric dentistry programme, but not part of general dental training.

A specialist paediatric dentist has completed at least three additional years of postgraduate training beyond their dental degree, focused specifically on the developmental, psychological, and clinical needs of children. This includes formal training in behaviour management techniques, pharmacological

sedation, and working with children who have special needs.

All CSSC paediatric specialists hold specialist registration with the Dental Board of Australia. You can verify specialist registration at [AHPRA.gov.au](http://AHPRA.gov.au).

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## ## Our Paediatric Specialists

**\*\*Dr Susan Hinckfuss\*\*** — BSc (Melb), DCD (Melb) — has devoted her career to anxious children and children with ASD, developing a warm, methodical approach to behaviour management refined over decades of specialist practice and three years as Assistant Clinical Professor at the University of Minnesota. Dr Hinckfuss is the originator of the teddy bear therapy approach used at CSSC.

**\*\*Dr Sarah Scott\*\*** — BBiomedSci (Hons), BDent, DClinDent (Paeds) — brings a holistic, family-centred philosophy to managing anxiety in children. With over 15 years in paediatric dentistry, she has extensive experience building trust with reluctant young patients across all age groups.

**\*\*Dr Angel Babu\*\*** — DClinDent PAED (Otago) — specialises in behaviour management and treatment under sedation and general anaesthesia for children who are unable to cooperate with routine dental care. Dr Babu is a senior dental registrar at the Royal Children's Hospital Melbourne and is registered to practise in both Australia and New Zealand.

**\*\*Dr Aish Kesava\*\*** — DCD (Paeds) — practises across the full spectrum of paediatric dentistry with a particular focus on positive dental experiences for all ages. \*(Extended clinical biography forthcoming.)\*

Our specialists consult from Level 8, Manchester Unity Building, 220 Collins Street, Melbourne CBD. No referral is required to book an appointment.

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## ## Related Treatments

- **\*\*Your Child's First Dental Visit\*\*** (/paediatric-dentistry/first-dental-visit/) — Building positive associations from the very beginning - **\*\*Childhood Tooth Decay\*\*** (/paediatric-dentistry/childhood-tooth-decay/) — Addressing decay in anxious children who may have delayed treatment - **\*\*Dental Trauma in Children\*\*** (/paediatric-dentistry/dental-trauma-children/) — Emergency management when anxiety meets an unexpected injury