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A comprehensive approach to reducing dental anxiety in children: collaboration between the dentist, parents, and psychologist

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Abstract

Dental anxiety in children remains one of the main barriers to preventive dental care and successful treatment. Although behavioral management techniques are widely used in pediatric dentistry, their application is often unsystematic and rarely incorporates the potential of the educational environment. This review summarizes current national and international studies addressing the factors involved in the development of dental anxiety in children and approaches to its prevention. Dental anxiety is shown to be influenced by individual psychological characteristics, family-related factors, and social context. Particular attention is given to the role of mental health professionals. While the involvement of medical psychologists in dental settings is limited by organizational constraints, school psychologists have significant potential for early identification of anxiety-related risks and the development of emotional self-regulation skills. The integration of school psychologists into interdisciplinary preventive models may improve the effectiveness of pediatric dental care.

Keywords: pediatric dentistry, dental anxiety, psychological preparation, behavior management, school psychologist, anxiety prevention

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Комплексный подход к снижению стоматологической тревожности у детей: взаимодействие врача, родителей и психолога

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Резюме

Стоматологическая тревожность у детей остается одной из наиболее распространенных причин отказа от профилактических осмотров и затрудняет проведение стоматологического лечения. Несмотря на широкое использование поведенческих методов в детской стоматологии, их применение в клинической практике часто носит несистемный характер и не учитывает потенциал образовательной среды. В статье представлен обзор современных отечественных и зарубежных исследований, посвященных факторам формирования стоматологической тревожности у детей и возможностям ее профилактики. Показано, что тревожные реакции формируются под влиянием индивидуальных психологических особенностей ребенка, семейных установок и социального окружения. Особое внимание уделено роли специалистов психологического профиля. Отмечено, что возможности медицинских психологов в условиях стоматологических учреждений ограничены, тогда как школьные психологи обладают значительным потенциалом для раннего выявления тревожных проявлений и формирования навыков эмоциональной саморегуляции. Обоснована целесообразность включения школьных психологов в междисциплинарные модели профилактики стоматологической тревожности у детей.

Ключевые слова: детская стоматология, стоматологическая тревожность, психологическая подготовка, поведенческое управление, школьный психолог, профилактика тревожности

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INTRODUCTION

Fear and anxiety associated with dental treatment remain among the most prevalent factors contributing to children's refusal to attend dental appointments and significantly complicate the implementation of both preventive and therapeutic interventions. According to various studies, pronounced dental anxiety is observed in 20–40% of children, underscoring the relevance of this issue for contemporary clinical practice [1–4]. The development of anxiety responses in children is associated with early negative medical experiences, individual psychological characteristics, family attitudes, as well as the nature of interactions with healthcare and educational professionals [5–9].

At present, there remains a need in the Russian Federation for systematic and accessible methods of psychological preparation of children for dental treatment. Despite the application of various behavioral management techniques in pediatric dentistry, their use in routine clinical practice is often inconsistent and lacks a structured approach. A particularly notable gap exists in the provision of psychological support at the early stages of prevention, including within educational settings [10–12].

In recent years, the scientific literature has described a wide range of approaches aimed at reducing dental anxiety in children, including behavioral techniques, elements of cognitive interventions, and family-based strategies [13–16]. However, their implementation in real-world clinical practice is frequently constrained by organizational and workforce-related limitations. At the same time, the role of school psychologists in fostering a positive attitude toward dental treatment and in preventing anxiety responses in children remains insufficiently explored, despite the substantial potential of the school environment for early identification and correction of anxiety-related conditions [2; 10; 17; 18].

AIM

The aim of this review is to synthesize current evidence on the factors contributing to the development of dental anxiety in children and to outline the potential of psychological support within an interdisciplinary framework, including the role of school psychologists as primary-level preventive care providers, which remains insufficiently addressed in the existing literature.

MATERIALS AND METHODS

This literature review was conducted to analyze scientific publications addressing dental anxiety in children and the possibilities for its reduction through the interaction of dentists, parents, and psychological service professionals, including school psychologists. The review included studies published between 2014 and 2024. The literature search was performed using international and Russian scientific databases and electronic libraries, including PubMed, Scopus, Web of Science, Google Scholar, eLIBRARY, and the Russian Science Citation Index (RSCI). Combinations of keywords in both English and Russian were used, including “dental anxiety in children”, “pediatric dentistry”, “school psychologist”, “psychological support for medical procedures”, and “behavioral management in dentistry”, along with their Russian equivalents. In addition, a manual screening of reference lists from relevant publications was conducted to identify significant sources not captured in the initial search.

The selection criteria included publications analyzing factors contributing to the development of dental anxiety in children, as well as approaches to its reduction involving dentists and parents. Particular attention was given to studies examining the role of clinical, child, and school psychologists in facilitating children's adaptation to medical interventions and describing features of interdisciplinary collaboration.

The review incorporated articles published in peer-reviewed scientific journals, including Russian journals listed by the Higher Attestation Commission (VAK) and international journals. Studies conducted on samples of children and adolescents aged 2 to 17 years were analyzed, including literature reviews, meta-analyses, clinical guidelines, and original research, provided that sufficient methodological detail, sample characteristics, and results were reported.

Publications focusing exclusively on pharmacological and sedative methods of behavior management, as well as studies addressing dental treatment in children with severe cognitive impairments without emphasis on psychological support, were excluded. Additionally, studies conducted solely on adult populations, brief reports, case reports, and publications lacking methodological transparency were not considered.

A total of 118 sources were identified during the initial screening. Following expert evaluation, 42 publications demonstrating the highest methodological rigor and relevance to the objectives of the present study were included in the final review.

RESULTS AND DISCUSSION

Dental anxiety in children (dental fear/dental anxiety, DFA) is considered in contemporary scientific literature as the result of a complex interaction of individual, familial, and social factors [3; 5–9; 19; 20]. According to Cianetti et al., the severity of dental fear in a child is determined not only by the characteristics of the dental procedure itself but also by the emotional context within which attitudes toward treatment are formed [2].

One of the key mechanisms underlying the development of anxiety responses is the modeling of behavior exhibited by significant adults. Themessi-Huber et al. demonstrated that parental anxiety levels are directly associated with the severity of children's fear of dental treatment, with emotional and behavioral responses of adults often being unconsciously reproduced by the child [19]. Similar findings are reported in studies emphasizing the role of family attitudes, parenting style, prior negative experiences, and patterns of intra-family communication [6; 8; 9; 20].

Additional risk factors, as identified by Klingberg and Broberg include difficulties in emotional regulation, temperament characteristics, and the presence of adverse medical experiences in early childhood [3; 21–23]. At the same time, most authors emphasize that these factors are not irreversible and can be modified through systematic preventive interventions [13–16; 24–27]. Evidence suggests that the most effective strategies are those aimed at shaping a predictable and emotionally neutral perception of dental treatment in the child. The use of age-appropriate explanations of procedures, avoidance of threatening language, and active involvement of the child in the preparatory process contribute to a reduction in anxiety levels and more adaptive behavior during dental visits [14; 15; 28–31].

Similar patterns have been confirmed in Russian studies. According to Kiseleva, the level of dental anxiety in children is closely associated with the emotional state of parents and the nature of their verbal attitudes toward treatment; in particular, parental anxiety tends to shape the child's expectation of pain and negative treatment outcomes [27]. Vinogradova et al. emphasize that insufficient psychological preparation within the family, as well as the use of fear-based disciplinary strategies, significantly increase the risk of maladaptive behavior during dental visits [24].

At the same time, a number of authors note that parents do not always possess sufficient psychological competence to adequately prepare a child for medical procedures, thereby substantiating the need for the involvement of mental health professionals [10–12; 17; 18].

The role of psychologists in medical settings: limitations of the existing model

Psychological support for children within healthcare institutions is regarded as an important yet resource-constrained component of care. According to Dubrovina, medical psychologists are most often involved at the stage when anxiety has already been established, which reduces the effectiveness of interventions and limits their preventive potential [11].

Key limitations of this model include high workload among specialists, the lack of narrow expertise in the field of dental anxiety, and the inability to provide long-term follow-up for the child. Russian studies indicate that psychological support in medical settings is, in most cases, episodic in nature and focused on addressing short-term concerns, without targeting the underlying mechanisms involved in the development of anxiety responses [11; 25; 26].

School psychologists as a key component in the prevention of dental anxiety

In recent years, increasing attention in the scientific literature has been paid to the role of school psychologists in the prevention of various forms of anxiety disorders in children. According to Prikhozhan, systematic psychological work within the school environment enables early identification of anxiety manifestations and reduces the risk of their chronic progression [17]. School psychologists are uniquely positioned to observe children over time, assess their emotional responses in a natural social context, and intervene at both the individual and family levels.

The significance of this form of support is also emphasized in Russian studies. Bochaver et al. report that systematic interventions by school psychologists aimed at developing emotional regulation skills and reducing overall anxiety levels contribute to the formation of more adaptive behavioral patterns in potentially stressful medical situations [12]. Research by Dubrovina [11], Ogorodnikova [32], Darvish [33] and Ereemeeva [34] demonstrates that the inclusion of school psychologists in preventive programs targeting medical fears can reduce the severity of anxiety responses even before a child's first contact with specialized healthcare services.

The professional responsibilities of school psychologists include the assessment of anxiety levels, the development of self-regulation skills, the correction of fears, parental counseling, and the design of preventive programs. According to several studies, these competencies directly align with the objectives of psychological preparation of children for dental treatment [11; 12; 19; 24].

Interdisciplinary collaboration as a foundation for effective prevention

Contemporary research emphasizes that the most effective models are those based on interdisciplinary collaboration among dentists, parents, and psychologists. According to Armfield and Heaton, a comprehensive approach contributes to a reduction in the severity of dental anxiety in children and improves adherence to preventive dental visits [13].

Within this framework, the school psychologist acts as a primary-level preventive care specialist, parents provide emotional support and shape the child's attitudes, and the dentist adapts communication strategies and behavioral management techniques to the individual characteristics of the patient [8; 11; 12; 24; 27; 35].

CONCLUSION

Dental anxiety in children remains a significant factor limiting the effectiveness of prevention and the timeliness of oral healthcare delivery. The analysis of current scientific evidence supports the need for a multilevel approach to addressing this issue, involving coordinated participation of the family, healthcare professionals, and the educational system.

Particular attention in preventive strategies should be given to the role of school psychologists, who are well positioned to identify risk factors at an early stage, foster the development of emotional self-regulation skills in children, and create supportive conditions that

reduce anxiety associated with medical interventions. Their involvement allows for a shift in focus from the management of established anxiety to its prevention, which is of critical importance in pediatric populations.

The integration of school psychologists into interdisciplinary models of child support may be considered a promising direction for the development of preventive dental care. The implementation of such an approach has the potential to improve adherence to preventive measures among children and their families, enhance treatment outcomes, and positively influence long-term oral health indicators in the pediatric population.

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