

The future of behavior management?

The year is 2015. A pediatric dental office somewhere in suburban America...

Seated at a small conference table is Dr. Vera Caring, petite, professional and fiftyish, the new millennium's typical pediatric dentist. Next to her is aged partner Barry Tired.

Opposite them sit Meyer Washington, attorney-advocate and his client, Bambi McCoy, preadolescent patient. Further back, out of conversational range are Bambi's parents.

Washington breaks the uncomfortable silence with an attempt at small talk.

"This is kind of unusual for you two these days, I mean these extractions, what with the caries vaccine and the malocclusion genome discovery.

Both dentists nod and smile politely. Dr. Tired mutters under his breath, "Yeah, darn those Scandinavians."

Mr. Washington begins, "Well, here we are again, our third — and hopefully final — behavior management arbitration session. Let me begin by saying my client is anxious to get this over with." Bambi shifts her ample frame and smirks at Dr. Caring.

Washington continues, placing a half-inch-thick stack of legal documents on the table, "Let's get through some of the paperwork, shall we...? Here's the consent from the parents, their Waiver of Intended Maliciousness by Parents — the so-called WIMP 2000 form divesting them of any control over the proceedings — and, oh yes, the veterinarian's statement that Bambi's proposed behavior management won't lead to psychological problems that might adversely affect the family's pets. Then there's the actuarial's estimate of the long-term behavioral effect on school performance and life-long earning potential, the pretreatment psychological profile and Bambi's record of attendance at the pediatric dental patient support group sessions dating back six months."

Dr. Tired pages through the documents. "What about the post-traumatic shock therapy rider for her health policy — it seems to be missing."

"Not necessary anymore, doc, since they instituted mandatory psychotherapy in the schools," Washington counters quickly.

Across the table, Dr. Caring offers an equally impressive stack of documents.

"Here's our databank print-out, the report from the character-reference service, proof of the rider to our professional liability for multigenerational

psychological disturbances attributable to this treatment, current certification in managing child panic reaction, and our polygraph readings. I think everything is in order."

"Can we begin the desensitization sessions now?" asks Dr. Caring.

"Well, there's a slight problem, you see, my client has decided to go, well, go with the aversive option instead," answers the advocate. A look of utter surprise blankets both dentists. Washington again breaks the silence, "You know, HOME, physical restraint, voice control, the whole enchilada. We think we can win."

"This is highly irregular, Mr. Washington," mutters a clearly upset Dr. Tired.

"Not really, according to the third Iowa City behavior management conference back in '13. That's when your specialty approved competitive aversive behavior management to coincide with teenagers getting the vote. It's the standard of care, doc."

Dr. Caring turns to her colleague, "He's right, Barry. We've never had to use this option before." Then she confronts Washington and his smirking client, "What are your terms?"

"Ten-second pin, thirty-minute time limit, winner take all. My client wants two tickets to the Children of the Grateful Dead concert, enameloid photo laminates of her poodle and boyfriend on her upper centrals and, oh yes, she wants you to body pierce her friendship ring to her tongue."

Dr. Caring thinks a moment, then says, "It's done... shall we begin?"

Washington nods, then turns to his client and says quietly, "Bambi, remember, no biting. We don't have your infectious disease profiles back from CDC yet."

As they exit to the operator, Dr. Tired places his hand on his colleague's shoulder and says, "Vera, I can do this. Heck, this is like it was back before the dual-trained psychologist-pediatric dentist group took over the specialty." She kindly looks at her aged colleague and says, "It's okay, Barry, you can't risk another infarct. The health system cooperative said this would be your last transplant, right?" He nods in quiet agreement.

"Besides," she adds, with a twinkle in her eye, "Bambi's mine."

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