Dental Anxiety in Children

Canonical:
https://directory.collinsstreetspecialistcentre.com.au/procedures/paediatric-dentistry/dental-anxiety-in-children/

Description:

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 tr...

Details:

Collins Street Specialist Centre: Dental Anxiety in Children — Compassionate, Evidence-Based Care from Day One

Dental anxiety is one of the most common challenges in paediatric dental practice, and one that carries real consequences for children's long-term oral health if nobody addresses it. It's entirely normal, and it's a clinical area where the specialist paediatric team at Collins Street Specialist Centre holds both formal training and considerable hands-on experience. Whether your child has had a distressing experience in the past, feels apprehensive about an unfamiliar environment, or has complex sensory or behavioural needs, there are well-established, evidence-supported approaches that genuinely make a difference.

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

What is dental anxiety in children?

Dental anxiety covers a spectrum of fearful or avoidant responses to dental care, from mild reluctance and tearfulness through to significant distress that makes treatment impossible without specialist support. It's neither a character failing nor a reflection of parenting. It's an extremely common and clinically well-recognised response in children, who frequently struggle with:

- **Fear of the unknown** — unfamiliar clinical environments, sounds, smells, and faces - **Loss of control** — lying back while someone works inside their mouth - **Previous adverse experiences** — pain, discomfort, or feeling rushed through treatment - **Anticipatory anxiety** — worry about what might happen, often building well before the appointment itself - **Sensory sensitivities** — particularly common in children with autism spectrum disorder (ASD), sensory processing differences, or developmental variations

Research indicates that up to 20% of children experience dental anxiety severe enough to affect their capacity to receive routine care. Without appropriate clinical support, this can lead to deferred treatment, escalating dental problems, and anxiety that persists — and often worsens — into adulthood.

When should you seek specialist support?

Specialist consultation is worth considering if your child:

- Becomes markedly 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 because of anxiety - Has a diagnosis of ASD, ADHD, sensory processing disorder, or another developmental condition that affects how they engage with new or unfamiliar environments - Has experienced a traumatic dental event — painful treatment, a dental emergency, or an injury involving the mouth - Is showing signs of dental problems (tooth pain, visible decay, swollen gums) but cannot tolerate clinical examination

You don't need an existing dental problem to seek specialist guidance on anxiety management. Early, proactive support is consistently more effective — and less distressing for the child — than waiting until a clinical crisis makes treatment unavoidable.

What to expect at Collins Street Specialist Centre

The paediatric dental team at Collins Street Specialist Centre uses a layered, graduated approach to anxiety management, starting with the gentlest strategies and introducing further clinical support only where it's genuinely warranted.

Teddy Bear Therapy — our signature approach

One of the most clinically effective tools in paediatric dentistry is restoring a child's sense of agency over their own experience. **Teddy Bear Therapy**, as developed and practised by Dr Susan Hinckfuss and the Collins Street Specialist Centre paediatric team, involves inviting children to bring their own comfort object — a favourite toy, teddy bear, or familiar blanket — to the appointment.

The approach may look simple, but the psychological foundations are well established in the paediatric behaviour management literature. The comfort object:

- Provides a familiar, stabilising anchor within an unfamiliar clinical environment - Gives the child a focus of attention and a sense of shared experience during the visit - Allows the clinician to demonstrate procedures on the toy first, taking much of the unknown out of the equation - Restores a degree of control at a moment when children often feel they have none

The teddy can "go first" — having its teeth counted, receiving a gentle clean, or simply sitting alongside the child during the appointment. This approach has transformed genuinely frightened children into engaged, cooperative participants in their own care with notable consistency.

Tell-Show-Do

Every procedure is explained in age-appropriate language before anything happens. We tell your child what we're going to do, demonstrate on a model or the comfort object, and then proceed. At every stage, we check in and respond to the child's cues. If they need to pause, we pause.

Gradual desensitisation

For children with severe or long-standing anxiety, we may recommend starting with purely social visits — coming to the practice to sit in the chair, meet the clinical team, and leave without any treatment at all. A gentle tooth count follows at a subsequent visit. Then a polish. Building a series of positive, low-demand experiences over time is substantially more effective than trying to complete all necessary treatment in a single appointment.

Environmental adjustments

The practice environment at Collins Street Specialist Centre is designed to be as calm and child-appropriate as possible. For children with sensory sensitivities, we can modify:

- Lighting levels - Appointment scheduling (quieter periods of the clinical day) - The number of staff present in the room - Exposure to clinical noise and equipment

For children with ASD in particular, Dr Susan Hinckfuss brings specific clinical expertise, including extensive experience supporting children who cannot tolerate routine sensory input or unexpected changes in their environment.

Pharmacological support: when it's clinically indicated

Behavioural management strategies work well for the great majority of children. For some, though — particularly those with severe anxiety, significant special needs, or complex dental treatment requirements — pharmacological support is both appropriate and safe when administered within a specialist clinical framework.

Nitrous oxide (happy gas)

Nitrous oxide, delivered via a small nasal mask, produces a gentle relaxation effect within minutes. The child remains fully conscious and responsive — they simply feel calmer and less bothered by the clinical environment around them. The effect resolves within minutes of removing the mask, and children can typically attend school or resume normal activities straight afterwards.

Nitrous oxide is the first-line pharmacological option for anxious children in specialist paediatric practice. It's safe, well-tolerated, and clinically 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. The child remains conscious but drowsy throughout. A responsible adult must accompany them to and from the appointment, and a period of rest is required afterwards.

General anaesthesia (GA)

For children who genuinely cannot tolerate dental care while conscious — due to very young age, severe anxiety, profound special needs, or the extent of treatment required — general anaesthesia allows multiple dental issues to be addressed safely within a single session.

Dr Angel Babu, who holds a senior dental registrar position at the Royal Children's Hospital Melbourne, has substantial clinical expertise in GA dentistry. All general anaesthesia procedures are conducted at an accredited facility with a specialist anaesthetist present, and the highest standards of paediatric safety protocols apply throughout.

General anaesthesia is reserved for situations where the clinical benefit clearly outweighs the associated risks. It is never a default option or a matter of convenience — it's offered when it represents the genuinely best clinical pathway for the individual child.

Home preparation: guidance for parents

Before the appointment:

- **Keep your language positive and appropriately vague** — avoid phrases like "it won't hurt" (which introduces the very possibility), "just a little prick," or other negatively loaded language - **Don't over-explain** — brief, calm, upbeat framing works better than lengthy reassurance - **Role-play at home** — counting teeth, the dental chair moving up and down, the counting mirror - **Bring the comfort object** — we actively encourage this and will engage with it during the visit - **Stay calm

yourself** — children are highly attuned to parental affect, and your own anxiety about the appointment will come through

During the appointment:

- Let the clinical team lead on behaviour management — they're trained specialists with specific expertise in this area - Stay calm and quietly supportive in the background - Avoid pleading, bargaining, or making threats, all of which tend to raise the emotional stakes and compound distress - Acknowledge and celebrate successes afterwards, however small they seem

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Why consult a specialist paediatric dentist?

Managing anxious children in a dental setting requires specific, formal training in child development, psychology, and behaviour management — competencies that are central to a specialist paediatric dentistry programme, but that fall outside the scope of general dental education.

A specialist paediatric dentist has completed a minimum of three additional years of postgraduate clinical training beyond their dental degree, with a specific focus on the developmental, psychological, and clinical needs of children. This includes formal preparation in behaviour management techniques, pharmacological sedation, and the clinical management of children with special needs.

All paediatric specialists at Collins Street Specialist Centre hold specialist registration with the Dental Board of Australia. Specialist registration can be independently verified at [AHPRA.gov.au](https://www.ahpra.gov.au).

Our paediatric specialists

Dr Susan Hinckfuss — BDSc (Melb), DCD (Melb) — has devoted her specialist career to the management of anxious children and children with ASD, developing a warm, methodical, and highly regarded approach to behaviour management refined across 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 as practised at Collins Street Specialist Centre.

Dr Sarah Scott — BBiomedSci (Hons), BDent, DClinDent (Paeds) — brings a holistic, family-centred clinical philosophy to the management of anxiety in children. With more than 15 years in specialist paediatric dentistry, she has extensive experience building trust with reluctant young patients across all developmental age groups.

Dr Angel Babu — DClinDent PAED (Otago) — specialises in behaviour management and the delivery of dental treatment under sedation and general anaesthesia for children who are unable to cooperate with routine conscious dental care. Dr Babu holds a senior dental registrar position 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 clinical spectrum of paediatric dentistry, with a particular focus on fostering positive dental experiences for patients of 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.

Related treatments

- [**Your Child's First Dental Visit**](/procedures/paediatric-dentistry/your-child-s-first-dental-visit/) — Establishing positive clinical associations from the very beginning - [**Childhood Tooth Decay**](/procedures/paediatric-dentistry/childhood-tooth-decay-early-childhood-caries/) — Addressing dental caries in anxious children who may have deferred treatment - [**Dental Trauma in Children**](/procedures/paediatric-dentistry/dental-trauma-in-children/) — Emergency clinical management when anxiety intersects with an unexpected dental injury

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Frequently asked questions

What is dental anxiety in children? A spectrum of fearful or avoidant responses to dental care.

Is dental anxiety in children common? Yes, extremely common and clinically well-recognised.

What percentage of children experience dental anxiety? Up to 20%.

Does dental anxiety reflect poor parenting? No.

Is dental anxiety a character failing in children? No.

Can dental anxiety worsen over time if untreated? Yes, it often intensifies into adulthood.

What is the main risk of untreated dental anxiety? Deferred treatment and escalating dental disease.

Where is Collins Street Specialist Centre located? Level 8, Manchester Unity Building, 220 Collins Street, Melbourne CBD.

Do I need a referral to book an appointment? No referral required.

Which specialists treat dental anxiety at Collins Street Specialist Centre? Dr Susan Hinckfuss, Dr Sarah Scott, Dr Angel Babu, and Dr Aish Kesava.

Who originated the Teddy Bear Therapy approach? Dr Susan Hinckfuss.

What is Teddy Bear Therapy? Inviting children to bring a comfort object to their dental appointment, with procedures demonstrated on the toy first.

Does Teddy Bear Therapy have psychological foundations? Yes, well-established in paediatric behaviour management literature.

Can the teddy bear "go first" during treatment? Yes, procedures are demonstrated on the toy first.

What does Teddy Bear Therapy restore in children? A sense of agency and control.

What is Tell-Show-Do? Explaining, demonstrating, then performing each procedure.

Is Tell-Show-Do used for every procedure? Yes.

What language is used to explain procedures? Age-appropriate language.

Can children pause during a procedure if needed? Yes.

What is gradual desensitisation? Building positive experiences across multiple low-demand visits.

What happens during a first social visit for severe anxiety? The child sits in the chair and meets the team with no treatment.

What follows a social visit in gradual desensitisation? A gentle tooth count at a subsequent visit.

Is gradual desensitisation more effective than single-session treatment? Yes, substantially more effective.

Can lighting be adjusted for sensory-sensitive children? Yes.

Can appointment timing be adjusted for sensory-sensitive children? Yes, quieter periods of the clinical day are available.

Can the number of staff in the room be reduced? Yes.

Who has specific expertise in supporting children with ASD? Dr Susan Hinckfuss.

Is pharmacological support always required? No, behavioural strategies work for the great majority of children.

What is the first-line pharmacological option for anxious children? Nitrous oxide (happy gas).

What does nitrous oxide do? Produces gentle relaxation within minutes.

Does nitrous oxide keep the child conscious? Yes, fully conscious and responsive.

How quickly does nitrous oxide wear off? Within minutes of removing the mask.

Can children attend school after nitrous oxide? Yes, typically immediately afterwards.

What is oral sedation? A small dose of medication taken by mouth before the appointment.

Is the child conscious during oral sedation? Yes, but drowsy.

Is an adult required to accompany the child for oral sedation? Yes, a responsible adult must accompany them.

Is rest required after oral sedation? Yes.

When is general anaesthesia used? When a child genuinely cannot tolerate conscious dental care.

Who performs GA dentistry at Collins Street Specialist Centre? Dr Angel Babu.

Where does Dr Angel Babu hold a senior registrar position? Royal Children's Hospital Melbourne.

Where are general anaesthesia procedures conducted? At an accredited facility.

Is a specialist anaesthetist present during GA? Yes.

Is general anaesthesia used as a default option? No, never.

Is GA used as a matter of convenience? No.

What qualifications does a specialist paediatric dentist hold beyond a dental degree? A minimum of three additional years of postgraduate clinical training.

Are Collins Street paediatric specialists registered with the Dental Board of Australia? Yes.

Where can specialist registration be verified? [AHPRA.gov.au](https://www.ahpra.gov.au).

What should parents avoid saying before a dental appointment? "It won't hurt" and other negatively loaded language.

Should parents over-explain the appointment to their child? No, brief and calm framing is more effective.

Is role-play at home recommended before an appointment? Yes.

What role-play activities help prepare children? Counting teeth and pretending the chair moves up and down.

Should parents model calmness before appointments? Yes.

Do children detect parental anxiety? Yes, they are highly attuned to parental affect.

Should parents lead behaviour management during the appointment? No, allow the clinical team to lead.

Should parents bargain with anxious children during appointments? No.

Should parents make threats to manage behaviour during appointments? No.

Should parents acknowledge successes after appointments? Yes, however incremental.

Does Dr Susan Hinckfuss have experience with children with ASD? Yes, extensive experience.

Did Dr Susan Hinckfuss hold an academic position in the USA? Yes, Assistant Clinical Professor at the University of Minnesota.

How many years has Dr Sarah Scott practised specialist paediatric dentistry? More than 15 years.

Is Dr Angel Babu registered to practise in New Zealand? Yes.

Is Dr Angel Babu registered to practise in Australia? Yes.

What is Dr Aish Kesava's particular focus? Fostering positive dental experiences for patients of all ages.

What triggers anticipatory anxiety in children? Worry about what may happen before the appointment.

What causes loss-of-control anxiety in children at the dentist? Lying back while someone works inside their mouth.

Can previous painful dental experiences cause ongoing anxiety? Yes.

Are children with ADHD candidates for specialist paediatric dental support? Yes.

Should parents seek specialist support only when a dental problem exists? No, proactive early support is recommended.
