

**Title of Intervention:** The Dental Fear Control Program

**Intervention Strategies:** Supportive Relationships

**Purpose of the Intervention:** To reduce dental fear

**Population:** Patients with dental fear

**Setting:** Non-clinical rooms in dental care offices in rural areas of Kentucky, Indiana, Ohio and West Virginia; health care facility-based

**Partners:** University of Kentucky Dental Fears Treatment Clinic, oral health care facilities

**Intervention Description:**

- Supportive Relationships: The program was divided into two sessions that were conducted by the therapist. In session one, participants were placed in a consultation room free from dental equipment. Three fear screening questionnaires were used to identify the participant's fears and to establish a fear rating. The participant then received training in two relaxation techniques through video and audio presentations. In session two, participants rated themselves again, using the same scale. Each participant also completed a questionnaire called "Identification of the Cause of Your Dental Fear." Participants then watched a modeling videotape showing actual dental treatment. Next, an audiocassette tape was used to produce the relaxation response and progressive relaxation was done. The final phase of the dental fear program was systematic desensitization.

**Theory:** Behavioral Model

**Resources Required:**

- Staff/Volunteers: Therapists
- Training: Training in intervention protocol
- Technology: Audiovisual media player
- Space: Pleasant non-clinical space
- Budget: Not mentioned
- Intervention: Video and audiocassette tapes, assessment forms
- Evaluation: Questionnaires

**Evaluation:**

- Design: Cohort
- Methods and Measures:
  - Getz and Kleinknecht surveys to assess fear

**Outcomes:**

- Short Term Impact: There was a reduction in dental fear.
- Long Term Impact: Not measured

**Maintenance:** Not mentioned

**Lessons Learned:** Research indicates that dentists using a formal fear control program have better results with phobic patients than dentists who do not use such a program. A warm, compassionate chair side manner certainly helps phobic patients to develop trust. The dental fear control program can reduce stress for both the dentist and staff as well as for the phobic patient.

**Citation(s):**

Kroeger, R. F. (1986). "The dental fear control program: a behavioral model to treat dental phobia." J Mass Dent Soc 35(4): 175-6, 179-80.

Kroeger, R. F. and Smith, T. A. (1989). "Three-year results of a behavioral fear control program in a private dental office." *Gen Dent* 37(2): 112-5.

Smith, T. A., Kroeger, T. A. et al. (1990). "Evaluating a behavioral method to manage dental fear: a 2-year study of dental practices." *J Am Dent Assoc* 121(4): 525-30.