



# Improving Patient Experience with Sensory Disorders

AADMD National Meeting Seattle 2018

Dr. Jenelle Fleagle, DDS

St. Elizabeth Mercy Health Hospital

Youngstown, Ohio

I have no  
conflicts of  
interest  
and  
disclosure  
to report.

**IN TERMS OF MONEY**



**WE HAVE NO MONEY.**



# These are my thoughts

- ▶ These are my own opinions....
- ▶ The opinions expressed in this course should not be construed as advice to care for specific patients

# Little about me...

- ▶ St. Elizabeth Mercy Health Hospital  
Dental GPR, Associate Program  
Director, Youngstown, Ohio.
- Specialty Clinic: Hispanic, Centering  
Pregnancy, Baby, Rural Health,  
Sensory.
- Dental OR services



A dark grey arrow points to the right from the left edge of the slide. Below it, several thin, curved lines in shades of blue and grey sweep across the left side of the slide, creating a dynamic, abstract background element.

# Objectives

- ▶ What are sensory disorders and how may they present?
- ▶ Opportunities to improve the patient experience that will foster increased care and understanding between future and current providers, therapists, community leaders, and parents.
- ▶ Understanding the importance of developing a care plan and who to involve in patient planning and care.

# Sensory disorders

- ▶ Autism Spectrum Disorder
- ▶ Sensory Processing Disorders
- ▶ Tourette's Syndrome
- ▶ Anxiety Disorders
- ▶ Attention Deficit Hyperactivity Disorder
- ▶ Obsessive-compulsive disorder



# Autism Spectrum Disorder (ASD) – NIH

## ➤ CDC April 2018: 1:59

- ASD rates in additional countries are expected to rise and criteria changes:  
<https://www.ncbi.nlm.nih.gov/m/pubmed/28826398/?i=6&from=korean%20population%20with%20autism>
- “Autistic children have difficulties with social interaction, display problems with verbal and nonverbal communication, and exhibit repetitive behaviors or narrow, obsessive interests. These behaviors can range in impact from mild to disabling. Autism varies widely in its severity and symptoms and may go unrecognized, especially in mildly affected children or when more debilitating handicaps mask it. Scientists aren’t certain what causes autism, but it’s likely that both genetics and environment play a role”

# AUTISM SPECTRUM DISORDER

## HIGH-FUNCTIONING AUTISM

### LEVEL 1

Needs support  
Patient's social and communication skills and repetitive behaviors are only noticeable without support.

## AUTISM

### LEVEL 2

Needs substantial support  
Patient's social and communication skills and repetitive behaviors are still obvious to the casual observer, even with support in place.

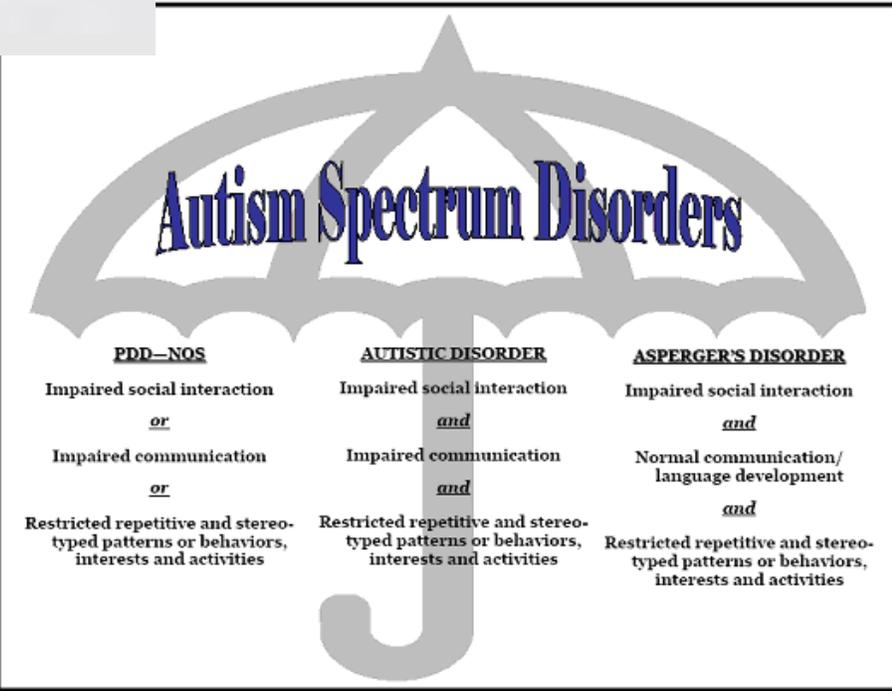
## SEVERE AUTISM

### LEVEL 3

Needs very substantial support  
Patient's social and communication skills and repetitive behaviors severely impair daily life.

### Major Characteristics:

- Impaired social skills
- Communication challenges
- Restricted interests and repetitive behaviors
- Sensory issues
- Weak executive functioning
- Tendency to be visual learners
- Nonverbal communication
- Need for routine
- High levels of stress and anxiety



# Psychiatric Disorders in Children With Autism Spectrum Disorders: Prevalence, Comorbidity, and Associated Factors in a Population-Derived Sample

Emily Simonoff M.D., F.R.C.Psych   ... Gillian Baird F.R.C.P.C.H.

112 -10-14 year old from “a population-derived cohort was assessed for other child psychiatric disorders (3 months' prevalence) through parent interview using the Child and Adolescent Psychiatric Assessment. *DSM-IV* diagnoses for childhood anxiety disorders, depressive disorders, oppositional defiant and conduct disorders, attention-deficit/hyperactivity disorder, tic disorders, trichotillomania, enuresis, and encopresis were identified”.

[https://www.sciencedirect.com/science/article/pii/S0890856708600593?uc=1&fmt=high&\\_origin=gateway&\\_docanchor=&md5=b8429449ccfc9c30159a5f9aeaa92](https://www.sciencedirect.com/science/article/pii/S0890856708600593?uc=1&fmt=high&_origin=gateway&_docanchor=&md5=b8429449ccfc9c30159a5f9aeaa92)



Seventy percent of participants had at least one comorbid disorder and 41% had two or more. The most common diagnoses were social anxiety disorder (29.2%, 95% confidence interval [CI] 13.2-45.1), attention-deficit/hyperactivity disorder (28.2%, 95% CI 13.3-43.0), and oppositional defiant disorder (28.1 %, 95% CI 13.9-42.2). Of those with attention-deficit/hyperactivity disorder, 84% received a second comorbid diagnosis. There were few associations between putative risk factors and psychiatric disorder.

## Conclusions

Psychiatric disorders are common and frequently multiple in children with autism spectrum disorders. They may provide targets for intervention and should be routinely evaluated in the clinical assessment of this group. *J. Am. Acad. Child Adolesc. Psychiatry*, 2008;47(8):921-929.

# Sensory Processing Disorders (SPD)

- ▶ Condition associated with oversensitivity to the environment. For example, common sounds may be painful or overwhelming. The light touch of a shirt may chafe the skin.
  - ▶ Common co-morbidity with ASD
  - ▶ **Controversial on validity – not diagnostic (DSM-5, ICD-10). May use F82 (motor).**
  - ▶ 1993: Tourette's disorder, autism, Ashberger's disease, other disorders unspecified
  - ▶ 2013: Autism spectrum disorders
- Sensory disorders or language delays are separate
- ▶ References: <http://pediatrics.aapublications.org/content/pediatrics/129/6/1186.full.pdf>
  - ▶ Medicine, section on complementary and integrative; disabilities, council on children with (2012-06-01) "sensory Integration Therapies for children with developmental and behavior disorders.
  - ▶ WebMD. June 6, 2018. <https://www.webmd.com/children/sensory-processing-disorder#1>

# Sensory Processing Disorder

## Symptoms

- May be uncoordinated
- May appear to bump into things
- May be unable to tell where their limbs are in space
- May be hard to engage in conversation or play
- May appear unresponsive to anything around them
- May fail to respond to extreme heat or cold or even pain
- May frequently throw tantrums or have meltdowns
- May appear fussy as babies and anxiety as children or adults
- May have issues with touch, taste, sounds, movements, or multiple senses
- Sensory processing disorder is most commonly identified in children, but may also affect adults.
- WebMD. June 6, 2018. <https://www.webmd.com/children/sensory-processing-disorder#1>



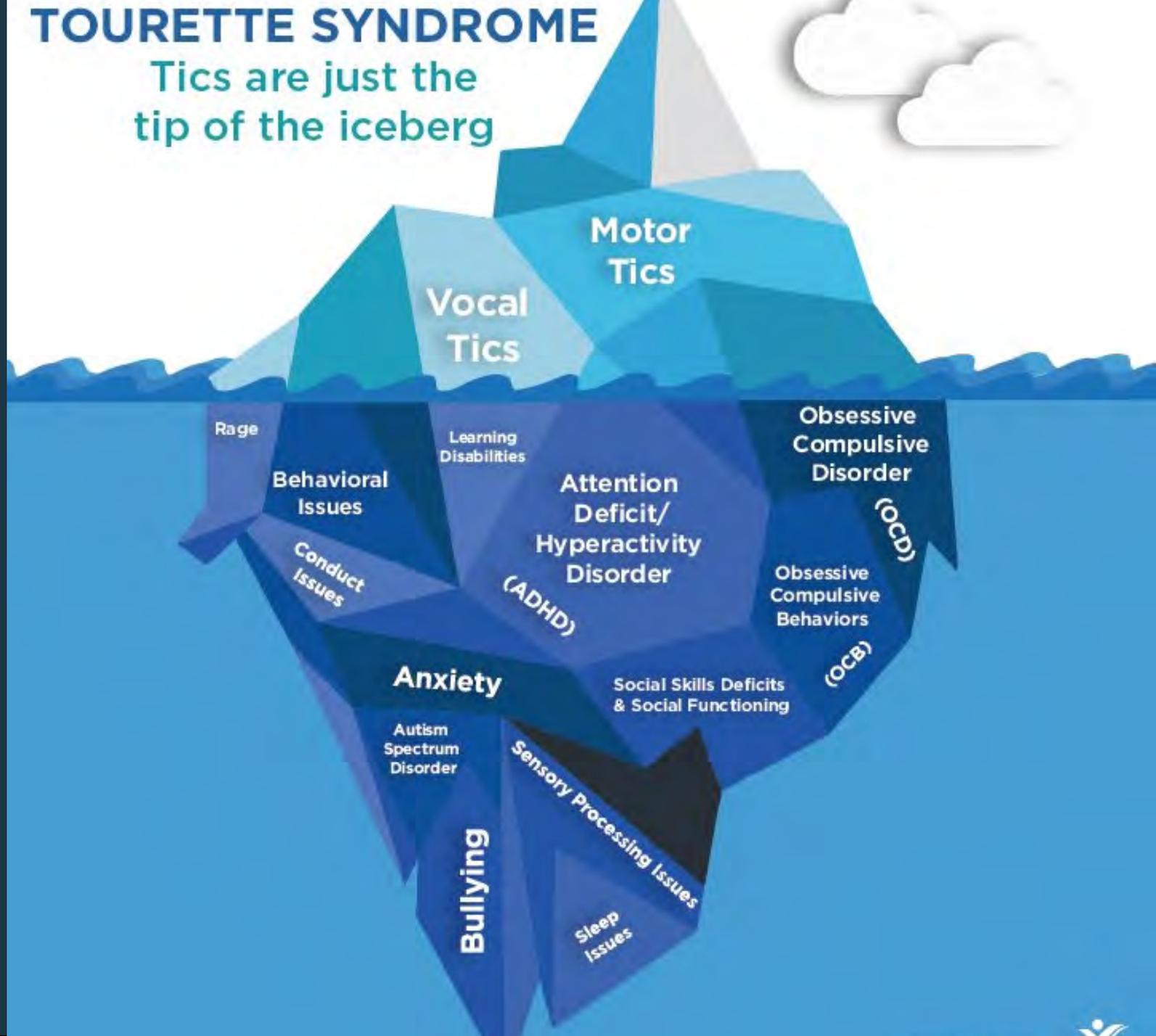
# Tourette Syndrome (TS)

- ▶ Inherited, neurological disorder characterized by tics.
- ▶ Not rare.
- ▶ Children Prevalence: 1:160 (Tourette Association of America)
- ▶ 3-4x more prevalent in male
- ▶ TS – multiple motor (2) and one or more vocal tics for longer than one year and do not disappear for more than 3 months. Chronic Tic Disorder does not meet the above but the below is true as well.
- ▶ Life long disorder – many decrease symptoms in adulthood.
- ▶ Symptoms will wax and wane.
- ▶ Increase with stress, anxiety, excitement, and puberty.
- ▶ Tourette definition. June 9, 2018. [TouretteAlliance.org](http://TouretteAlliance.org)

A condition within many conditions...

# TOURETTE SYNDROME

Tics are just the tip of the iceberg





A dark grey arrow points from the left edge of the slide towards the title. Below the arrow, several thin, light blue lines curve downwards and outwards from the left side of the slide.

# Suppression of symptoms can result in:

- Worsening of symptoms
- Inability to concentrate on task at hand
- Shutting down
- Fatigue and/or worsening of symptoms at end of day
- Classroom meltdowns
- Often explosion of symptoms at home

# Tic – oral appliance - false hope?

## Science-Based Medicine

Exploring issues & controversies in science &

Critical Thinking

Dentistry

Medical devices

## Use of Dental Appliances in the Management of Tourette Syndrome

Grant Ritchey on June 17, 2016



Science-Based Medicine

28 mins · 🌐



"To summarize, we have a former radio host and a dental school dean who have quietly disappeared from the Tourette's stage and may be in some sort of legal and ethical hot water. Meanwhile, the former Chief Medical Director of TicTocStop who promised a peer reviewed paper any time now has left us empty handed. Last but not least, the Tourette Syndrome community is left disappointed at yet another empty promise for an effective treatment."

<https://sciencebasedmedicine.org/ticd-off/>



SCIENCEBASEDMEDICINE.ORG

### TIC'D OFF

Two years ago we discussed the TicTocStop, a dent...

# Science-Based Medicine

Exploring issues & controversies in science & medicine

Announcements

Clinical Trials

Dentistry

## TIC'D OFF

Two years ago we discussed the TicTocStop, a dental appliance that the inventors assured us would help mitigate the symptoms of Tourette Syndrome. In the intervening years things have... not went well. This illustrates the need for skepticism regarding questionable medical claims, and the importance of initiatives like AllTrials to ensure the good, the bad, and the ugly research is available to everyone.

Grant Ritchey on May 4, 2018

# Oral Appliances – verdict is out.

- ▶ PubMed search (dentist and tourettes, oral appliance in treatment of tic/tourettes )
- ▶ Google search...tons – many practices offer an oral Appliance in treatment to claim to cure TS.
- ▶ Mixed results if it helps to reduce tics.
- ▶ **Benefit with self-inflicting oral tics to allow tissue to heal.**

Dr. Sims and Stacks oral splint (Pivot) appliance:

<https://www.youtube.com/watch?v=nLkPBUBmxDo&feature=youtu.be>

<https://www.youtube.com/watch?v=wIO7QT-m3Rw&feature=youtu.be>

# Chronic Tic Disorders associated with ADHD

## Chronic tic disorders in children with ADHD

William Poh<sup>1</sup>, Jonathan M Payne<sup>1, 2, 3</sup>, Alisha Gulenc<sup>2</sup>, Daryl Efron<sup>1, 2, 3</sup>

Author affiliations

### Abstract

**Objective** To examine in a community-based cohort: (1) the prevalence of chronic tic disorder (CTD) in children with attention-deficit/hyperactivity disorder (ADHD) compared with non-ADHD controls at ages 7 and 10; and (2) the additional psychiatric and functional burden of CTD in children with ADHD.

**Methods** Children aged 6–8 years with ADHD (n=179) and controls (n=212) were recruited through 43 Victorian schools using parent and teacher screening surveys (Conners 3 ADHD Index), followed by case confirmation (Diagnostic Interview Schedule for Children-IV (DISC-IV)). CTD was identified using the DISC-IV categories chronic motor tic disorder, chronic vocal tic disorder or Tourette syndrome at baseline and 36-month follow-up. Internalising and externalising disorders, social functioning, academic performance and quality of life were also measured. Tests of proportions and independent t-tests were used to compare the ADHD+CTD group with sex-matched ADHD alone children.

**Results** Compared with controls, children with ADHD were 4.1 (95% CI 1.1 to 14.1) times more likely to have CTD at age 7, and 5.9 (95% CI 1.6 to 17.9) times more likely at age 10. Children with ADHD+CTD experienced higher rates of internalising disorders and peer problems, and poorer quality of life than those with ADHD alone.

**Conclusions** CTD prevalence is higher in children with ADHD compared with controls, and confers substantial additional psychiatric and functional burden. Clinicians need to consider CTD in both the initial assessment and ongoing management of children with ADHD, and address both the symptoms and the associated impairments.

- Poh W, Payne JM, Gulenc A, et al Chronic tic disorders in children with ADHD Archives of Disease in Childhood Published Online First: 09 January 2018. doi: 10.1136/archdischild-2017-314139

# Tourette and Chronic Tic associations

- ▶ Estimated associations:
  - 90% ADHD
  - 80% OCD
  - 50% SPD
- Additional associations:
  - Seizures
  - Autism
  - Ehlers-Denlos
  - Rage
  - Oppositional defiant disorder
- ▶ Basal ganglia

# Attention Deficit Hyperactivity Disorder (ADHD) – NIH

- Most common neuro- developmental disorders of childhood.
- “Attention deficit-hyperactivity disorder (ADHD) is a neurobehavioral disorder that affects 3-5 percent of all American children. It interferes with a person's ability to stay on a task and to exercise age-appropriate inhibition (cognitive alone or both cognitive and behavioral). Some of the warning signs of ADHD include failure to listen to instructions, inability to organize oneself and school work, fidgeting with hands and feet, talking too much, leaving projects, chores and homework unfinished, and having trouble paying attention to and responding to details. There are several types of ADHD: a predominantly inattentive subtype, a predominantly hyperactive-impulsive subtype, and a combined subtype. ADHD is usually diagnosed in childhood, although the condition can continue into the adult years.”
- <https://www.ninds.nih.gov/disorders/all-disorders/attention-deficit-hyperactivity-disorder-information-page>

*Some children with ADHD may develop a simple motor tic disorder that first appears during the course of their treatment for ADHD.*

## ADHD and Tics or Tourette Syndrome

ADHD frequently co-occurs in children with Tourette Syndrome. Less than 10 percent of those with ADHD have Tourette's, but 60 to 80 percent of children with Tourette Syndrome have ADHD. The ADHD diagnosis usually precedes the onset of the motor or vocal tics of Tourette's, although sometimes the two occur together. Some children with ADHD may develop a simple motor tic disorder that first appears during the course of their treatment for ADHD. While these two conditions appear linked in time, most experts believe that the co-occurrence in most cases is purely coincidental and not caused by ADHD or its treatment.

### What is a tic?

Tics are defined as sudden, rapid, non-rhythmic movements or sounds that people do repeatedly. They may commonly include such behaviors as eye-blinking, mouth opening, sniffing or throat clearing. Tics are common in childhood but do not continue into adulthood in most cases. Males are more affected than females in a ratio of 4:4 to 1. The occurrence of tics can be temporary, lasting less than 12 months, or chronic.

Tics can be either simple or complex. Simple tics are short in duration and involve a single muscle group. Complex tics are longer in duration and often include a series of simple tics. Motor tics may range from simple movements such as eye-blinking, lip-licking, or mouth opening to more complex movements like facial grimacing, head movements, shoulder-shrugging or combinations of these. Vocal tics may include throat-clearing, coughing, harking, involuntary belching, or more complex vocalizations such as repeating parts of words or phrases or, in rare cases, saying obscene words.

### Tic Disorders and Tourette Syndrome

The Diagnostic and Statistical Manual, Fifth Edition (DSM-5) outlines the symptoms of three tic disorders: provisional tic disorder, persistent (chronic) motor or vocal tic disorder, and Tourette's disorder. Each of these disorders is characterized by the presence of motor or vocal tics, and which disorder is diagnosed is determined by the severity of the symptoms. The most severe of these is Tourette's disorder or Tourette's Syndrome.



Tourette Syndrome is a complex, genetically inherited disorder whose primary symptoms include tics (both motor and vocal) lasting for more than one year, beginning before age 18. Tourette Syndrome is usually mild, and a large number of patients tend to improve as they get older. Tourette Syndrome is often accompanied by other conditions including ADHD and obsessive-compulsive disorder in more than half of the patients as well as learning disabilities and mood disorders. More than half (57.1 percent) of patients with Tourette Syndrome have a family history of the disorder.

CHADD –  
Children and  
Adults with  
Attention-  
Deficit  
Hyperactivity  
Disorders

# Anxiety

- ▶ Greatest symptom is excessive worry
- ▶ Generalized Anxiety Disorder, Panic Disorder, Separation Anxiety Disorder, Social Anxiety Disorder, Selective Mutism, Specific Phobias, Obsessive-Compulsive Disorder, Posttraumatic-Stress Disorder
- ▶ Childhood Anxiety Disorders. June 9, 2018. <https://adaa.org/living-with-anxiety/children/childhood-anxiety-disorders>
- ▶ Suicide rising across the US. More than a mental health concern. June 9, 2018. Centers of Disease Control and Prevention.

**45K.** Nearly 45,000 lives lost to suicide in 2016 .

**30%.** Suicide rates went up more than 30% in half of states since 1999.

**54%.** More than half of people who died by suicide did not have a known mental health condition.

# Anxiety - National Institute of Mental Health (NIMH)

- ▶ An estimated 31.1% of U.S. adults experience any anxiety disorder at some time in their lives
- ▶ An estimated 19.1% of U.S. adults had any anxiety disorder in the past year.
- ▶ Past year prevalence of any anxiety disorder was higher for females (23.4%) than for males (14.3%).
- ▶ “DSM-5 **criteria** for generalized **anxiety** disorder include: Excessive **anxiety** and worry about several events or activities most days of the week for at least six months. Difficulty controlling your feelings of worry.”

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition)*. Washington, D.C.: American Psychiatric Association; 2013.



## Obsessive-compulsive disorder (OCD) - National Institute of Mental Health (NIMH)

- ▶ Lifetime prevalence of OCD among U.S. adults was 2.3%
- ▶ Past year prevalence of OCD was higher for females (1.8%) than for males (0.5%).
- ▶ An estimated 1.2% of U.S. adults had OCD in the past year.
- ▶ Most children with OCD are diagnosed around age 10, although the disorder can strike children as young as two or three. Boys are more likely to develop OCD before puberty, while girls tend to develop it during adolescence.
- ▶ Childhood Anxiety Disorders. June 9, 2018. <https://adaa.org/living-with-anxiety/children/childhood-anxiety-disorders>
- ▶ <https://www.nimh.nih.gov/health/statistics/obsessive-compulsive-disorder-ocd.shtml>

An obsessive sense of justice

Obsessive thoughts

OCD almost always appears irrational to the onlooker and often even to the person who has it, but despite the absurdity of these obsessions and compulsions, the affected person cannot stop. Children with OCD are often referred to as obstinate or oppositional because they get stuck and can't move on. One young child taught me a great analogy for this tendency: she likened her OCD to a hamster on a wheel. The wheel keeps going round and round and you can't get off.



## Additional Definition (National Institute of Mental Health - NIMH)

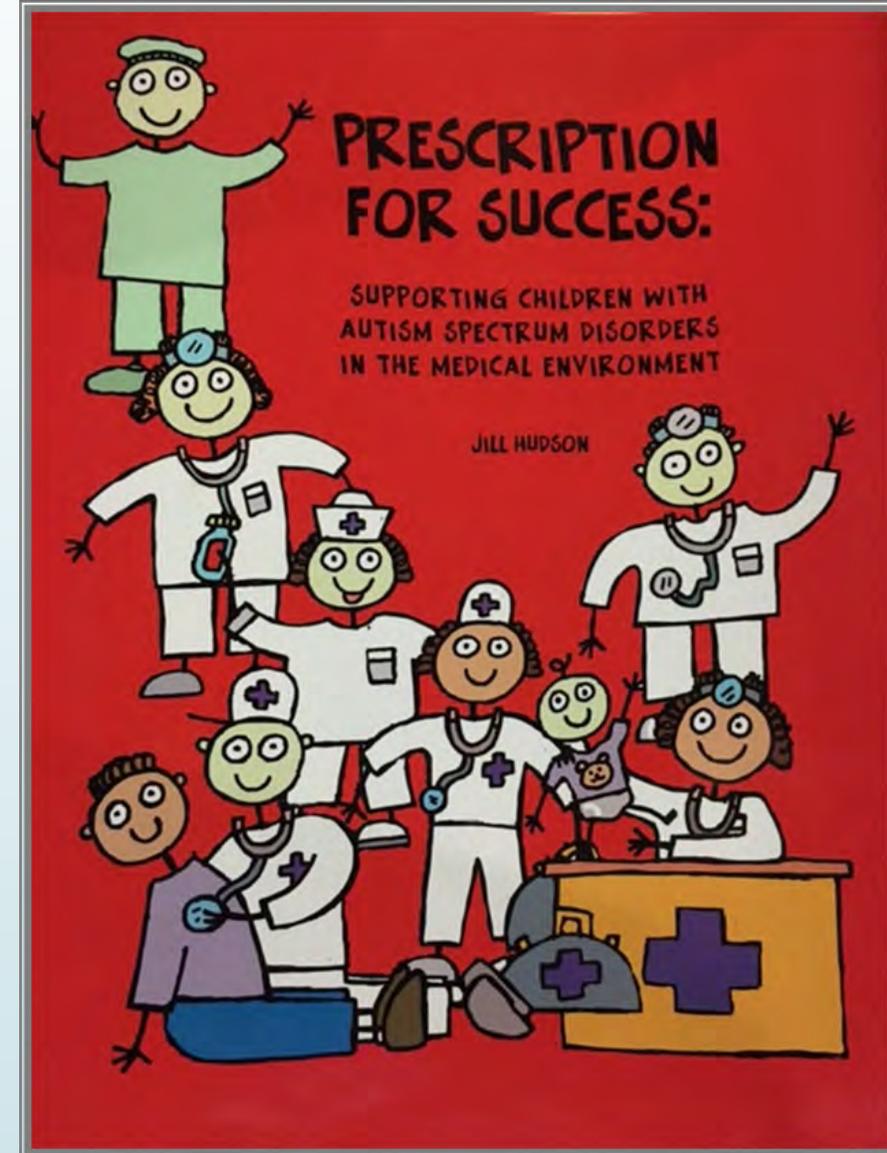
- ▶ Trichotillomania – “hair loss from repeated urges to pull or twist the hair until it breaks off”
- ▶ Enuresis – “repeated inability to control urination”
- ▶ Encopresis – “fecal soiling that occurs when a child usually over the age of 4 has a bowel movement and soils their pants. This behavior is often linked to constipation.”
- ▶ Oppositional defiant disorder – “a pattern of disobedient, hostile, and defiant behavior toward authority figures”.
- ▶ Conduct disorders – “a repetitive and persistent pattern of behavior in children and adolescents in which the rights of others or basic social rules are violated”.
- ▶ Depression – “a mood disorder that causes a persistent feeling of sadness and loss of interest”.

Many benefit  
with a  
change in our  
clinic with a  
focus on  
sensory issues!



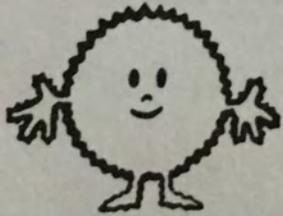
# Our Sensory Patient

- Textures – “itching feeling”
- Taste – “yucking”
- Touch – “itching” or “scratching”
- Noise – too loud
- Movement - dizzy, clumsy



Asperger syndrome and sensory issues, by b.s. myles, k. t. cooke, n. e. miller, l. rinner, & L.A. Robbins, p. 5. Copyright 2000. Shawnee mission, ks: autism Asperger publishing co. reprinted with permission

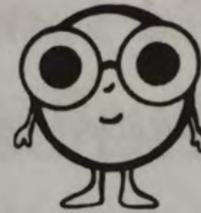
**Tactile**  
(touch)



**Vestibular**  
(balance)



**Visual**  
(sight)



**Proprioception**  
(body awareness)



**Olfactory**  
(smell)



**Auditory**  
(hearing)



**Gustatory**  
(taste)



# Sensory Disorder manifestation

- Eye contact
- Touch
- Movements – lying back, sudden
- Gait
- Nonverbal
- Noise – beeps, people, sometimes quiet
- Smells – copalite, “doctor’s office” or perfume

## HOW TO SPOT A SENSATIONAL KID



I have difficulty with auditory cues

Bright lights hurt my eyes

I don't like to wash, brush, or cut my hair

Loud noises bother me

I have trouble concentrating on tasks

I like to chew on things

I am a picky eater and don't like foods because of their textures

I hate being tickled or cuddled

Clothes bother me, especially seams and tags

I am always sniffing things

I have trouble staying in my seat; I am “fidgety”

I have trouble with handwriting and using scissors

I like rough housing, tackling/wrestling games

I am slow to complete my tasks

I have issues with personal hygiene

I use an inappropriate amount of force when handling objects or touching others

I'm not very good at running or riding a bicycle



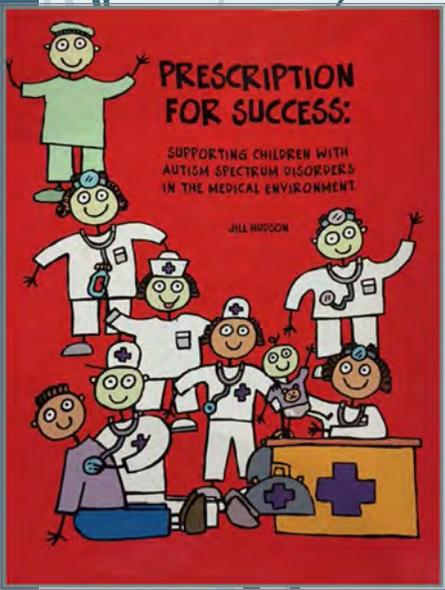
# Special Considerations

- ▶ Cyclic Vomiting
- ▶ Seizures
- ▶ Combative
- ▶ Flight risk
- ▶ Caregiver
- ▶ Referral – Family Services, Medical/Dental Team members, OT, Speech pathology, Pre-Surgical Assessment.

# Putting it all together!

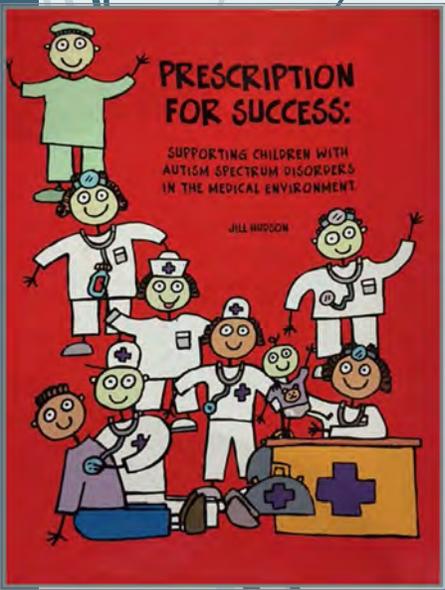
## Hyposensitive vs hypersensitive sensory integration

- “do not take in, interpret and react to sensations in an organized or integrated manner”
- Modulation of the senses is balancing the rate and intensity with which they affect the patient, directly affects the response within a given situation or overall environment.
- Modulations of sensations a patient encounters plays a significant to participation and acceptance of support.



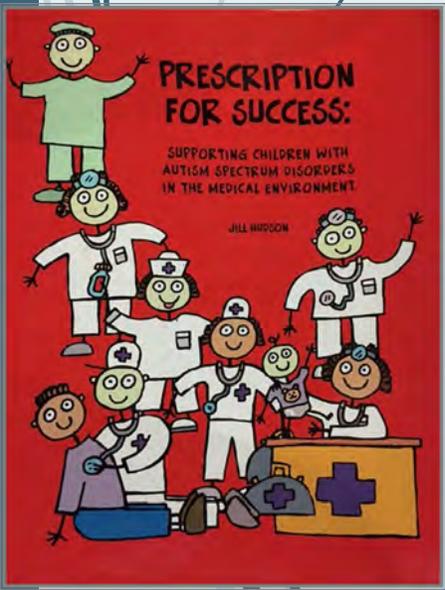
# Hypersensitive

- Ex:
- “Acute sensory sensitivity, a soft, undetectable noise, such as the steady beep of the heart monitor...loud as a foghorn.”
- “Wearing a hospital pajama or gown can feel like sandpaper rubbing on their skin”

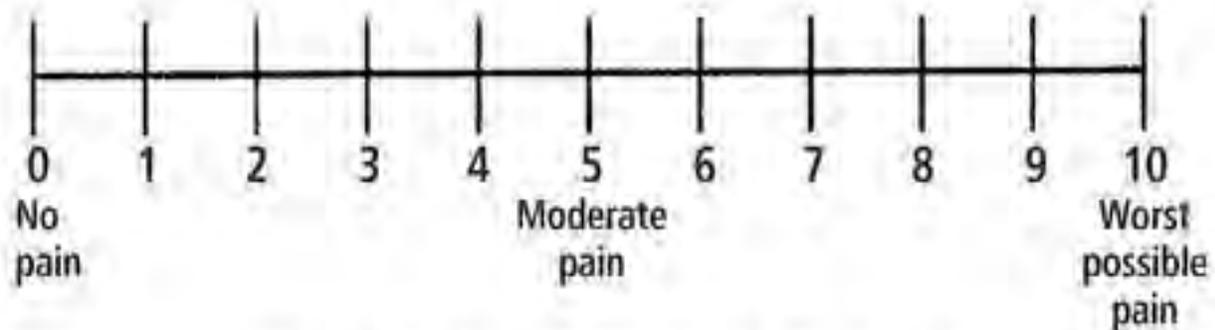


# Hyposensitive

- ▶ These pts need to be carefully monitored for signs that they are in pain
- ▶ Ex:
- ▶ “do not register movement or sensation unless it is intense in nature.”
- ▶ “slow to respond to their name being called or a soft hand placed on their back.”
- ▶ Important: subtle movements might throw off balance!



## Numeric Pain Rating Scale

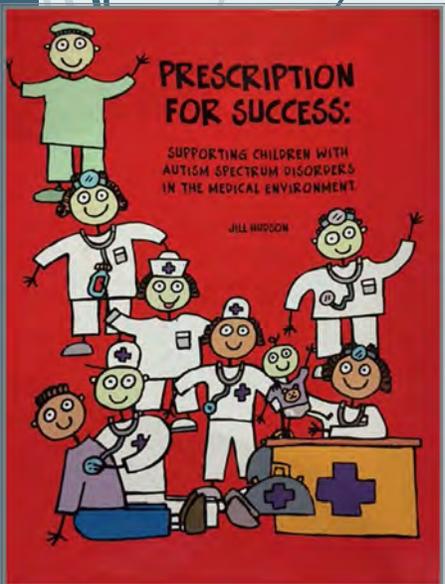


## Wong-Baker FACES Pain Rating Scale



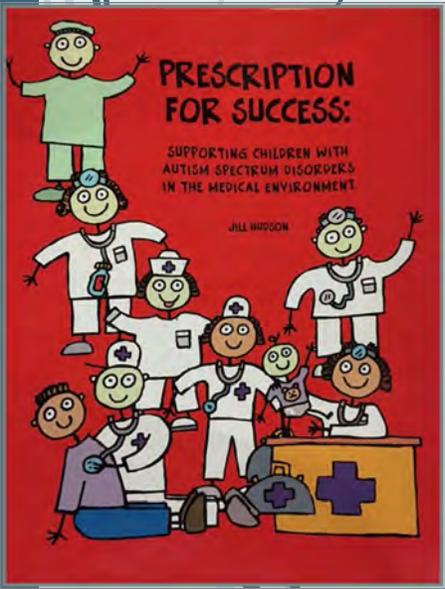
# Sensory challenges recap

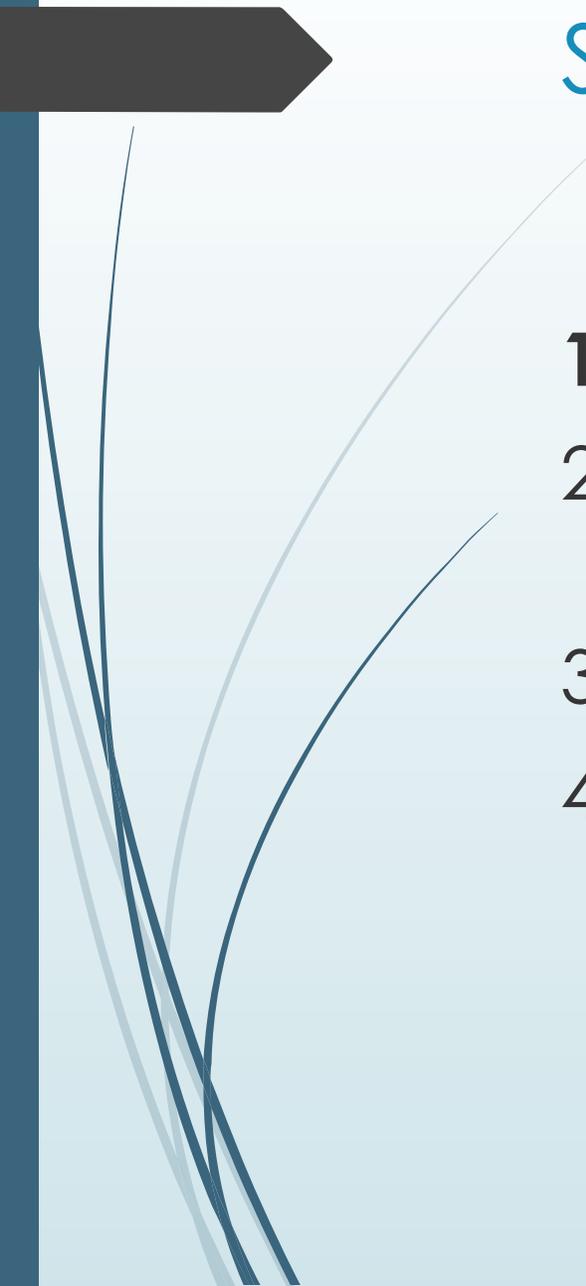
- Difficulty organizing, interpreting and responding to stimuli or sensations
- Extreme reaction to sensory stimuli (hypo vs. hyper)
- Lack of awareness of self within environment
- Clumsy posture and gait
- Sudden or abrupt gestures



# Executive functioning

- Definition: planning, organizing, breaking down complex concepts or multitasking.
- Difficult to shift attention and focus due to new topic or noise which results in a “meltdown”
- Difficulty with overall processing – planning, organizing and breaking down complex tasks or requests
- Difficulty interpreting nonverbal communication
- Very visual, better at understanding information that is presented visually rather than verbal directions
- Difficulty shifting attention or transitioning quickly
- Often unaware or perspective of others



A dark grey arrow points to the right from the left edge of the slide. Below it, several thin, light blue lines curve upwards and to the right, creating a decorative graphic element.

# Sensory Clinic for our Sensory Patients

## **1. Create a welcoming atmosphere**

2. Allow for treatment in the clinical setting without pharmacological needs
3. Team work – defined roles and schedule
4. Train Future Generations in care

# 1. Create a welcoming atmosphere

- Applied for a Grant through Healthpath Ohio for our Sensory Dental Clinic.



All sensory patients receive all their paperwork to complete and bring to their appointment.

Paperwork is reviewed and when needed a phone call prior to rendering care

Changes we made within our clinic



# 1. Create a welcoming atmosphere

- ▶ Front office, reception area
  - Sensory trays
  - Bubble light
  - Faster check in, papers returned from mailer → → on time in the room
  - Dedicated appointment times and days
  - Working on sticker cards to be visual aid from reception area through the entire appointment

# Parent Group and Fluorescent Lighting

Reached out to our local Autism Schools and developed a parent group.



Several studies recommend changes in fluorescent lighting due to overstimulation

## The effects of fluorescent and incandescent illumination upon repetitive behaviors in autistic children.

Colman RS, et al. J Autism Child Schizophr. 1976.  
[Show full citation](#)

### Abstract

Repetitive behaviors of six autistic children were observed under two conditions of background illumination. During two sessions, the room was illuminated by fluorescent light and during two other sessions, by equal intensity incandescent light. Subjects spent significantly more time engaged in repetitive behavior under fluorescent light. Previous research suggested that these findings were related to the flickering nature of fluorescent illumination. Practical and theoretical implications were discussed. Further experimentation was suggested to assess relationships between flickering illumination and arousal.

PMID: 989489 [Indexed for MEDLINE]



# Patient and Care-team Resources:

- ▶ Tourette Association - <http://www.tourette.org/>
  - Educate schools, medical offices, ADVOTE for the patient.
- ▶ Facebook Parental Support Groups
  - “Stronger Mommies” – State or local chapters
- ▶ Brittany Fichter Writes – Youtube video and blogger. Great for patients with a neurologic diagnosis.  
<http://brittanyfichterwrites.com/neurological-disorders-and-comorbidity/>
- ▶ D-Termined Dental Program.  
<https://www.youtube.com/watch?v=artQFqd6osQ>
- ▶ State Autism Society –  
<https://www.autismspeaks.org/resource/autism-society-ohio>
- ▶ Anxiety and Depression Association of America.  
<https://adaa.org/supportgroups>
- ▶ International OCD Foundation. <https://iocdf.org/>



# 1. Create a welcoming atmosphere

- ▶ Developed Photo books of clinic visit and OR
  - considerations: staff and resident changes – place inserts
- ▶ Parents will video or pictures are taken to send home with family to practice
- ▶ Video – Youtube or website
  - Still awaiting our approval...

# Picture Book: My Visit to the Dentist

We are so excited to see you!

St. Elizabeth Mercy Health Hospital General Practice Residency

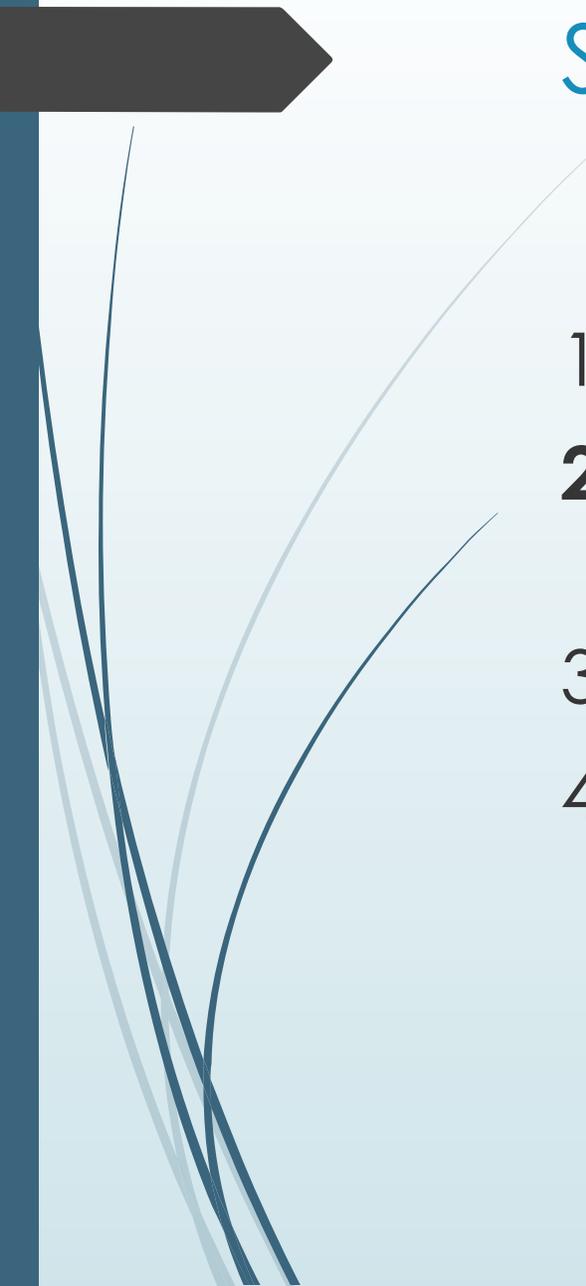
1001 Covington Street

Youngstown, Ohio



## Helpful hints

- no dates
- staff/residents inserts
- wear the same clothes
- continuity
- ready plan made when varying from photo steps

A dark grey arrow points to the right from the left edge of the slide. Below it, several thin, curved lines in shades of blue and grey sweep across the left side of the slide.

# Sensory Clinic Goals

1. Create a welcoming atmosphere
- 2. Allow for treatment in the clinical setting without pharmacological needs**
3. Team work – defined roles and schedule
4. Train Future Generations in care

## 2. Allow for treatment in the clinical setting without pharmacological needs

The SADE intervention includes adaptations such as dimmed lighting, moving projections on the ceiling (fish, bubbles), exposure to soothing music, and application of a butterfly vest with wings that wrap around the child to provide calming sensations.

The specific aims are to conduct a randomized clinical trial in order to:

1. Determine if SADE, relative to a regular dental environment (RDE), reduces physiological anxiety and negative responses (behavioral distress, perception of pain, sensory discomfort) during dental cleaning for children with ASD.
2. Identify whether physiological anxiety mediates the beneficial effects of the intervention and whether severity of ASD and communication ability, or dental anxiety, sensory over-responsivity, and age act as moderating variables.
3. Assess the quality of care and cost effectiveness/savings of the dental cleaning associated with SADE.

- SADE Room: “Sensory adapted dental environment”
- Limited research shows to reduce physiological anxiety, behavioral distress, pain intensity, and sensory discomfort

\* University of Southern California conducting clinical trial cont.

May 2015 – April 2020.

## Sensory Adapted Dental Environments to Enhance Oral Care for Children with Autism Spectrum Disorders: A Randomized Controlled Pilot Study

Sharon A. Cermak<sup>1,2</sup> · Leah L. Stein Duker<sup>3</sup> · Marian E. Williams<sup>3</sup> · Michael E. Dawson<sup>4</sup> · Christianne J. Lane<sup>5</sup> · José C. Pollido<sup>6</sup>

Published online: 1 May 2015  
© Springer Science+Business Media New York 2015

**Abstract** This pilot and feasibility study examined the impact of a sensory adapted dental environment (SADE) to reduce distress, sensory discomfort, and perception of pain during oral prophylaxis for children with autism spectrum disorder (ASD). Participants were 44 children ages 6–12 ( $n = 22$  typical,  $n = 22$  ASD). In an experimental crossover design, each participant underwent two professional dental cleanings, one in a regular dental environment (RDE) and one in a SADE, administered in a randomized and counterbalanced order 3–4 months apart. Outcomes included measures of physiological anxiety, behavioral distress, pain intensity, and sensory discomfort. Both groups exhibited decreased physiological anxiety and reported lower pain and sensory discomfort in the SADE condition compared to RDE, indicating a beneficial effect of the SADE.

**Keywords** Autism spectrum disorder · Electrodermal activity · Skin conductance · Sensory processing · Oral health · Occupational therapy · Dental anxiety

### Introduction

Oral care is integral for both psychological and physiological health and well-being (U.S. Department of Health and Human Services 2010). Many children with special needs have poorer oral health than typically developing children and experience difficulty obtaining adequate oral health care (Brickhouse et al. 2009; Kopycka-Kodzierawska and Asinger 2008; Nelson et al. 2011). Sometimes the cause is lack of access, and other times lack of child cooperation. For children with autism spectrum disorder who exhibit impaired social interaction, social

PEDIATRIC DENTISTRY / Copyright © 1979 by The American Academy of Pedodontics / Vol. 1, No. 2 / Printed in U.S.A.

## A self-report measure of situational anxiety for young children

Larry L. Venham, D.D.S., Ph.D. \*  
Elise Gaulin-Kremer, Ph.D.

### Abstract

*In this series of five studies, a self-report measure of situational anxiety for young children was developed and evaluated. Stylized cartoon figures representing various emotional states were paired and presented in a picture selection task. A total of 236 children participated in studies evaluating test items and comparing the picture test with other measures of children's response to the stress of dental visits. The final test developed was a rapidly administered task, which was readily understood and accepted by children as young as three years old. Internal consistency and test-retest reliabilities were assessed and shown to be adequate. The picture test was significantly correlated with anxiety indices which included human figure drawings, ratings of anxiety and cooperative behavior, heart rate, and basal skin response. The results indicate that the picture test is a simple yet valid and reliable index of the young child's response to situational stress.*

skills beyond those possessed by young children. Therefore, the present study series was undertaken to develop a self-report measure of situational anxiety suitable for use with children as young as three years old.

The validity of a self-report measure relies heavily on the subject's ability to observe and label affective experiences and his/her willingness to respond honestly. These considerations suggested the usefulness of a projective technique which would permit the child to respond nonverbally and on a more directly experiential level. This approach would presumably minimize the tendency to deny ego-threatening material and would reduce the distortion produced by the subject's attempt to give socially desirable responses.

A projective picture selection task was designed using a male cartoon figure as a stimulus (Fig. 1). A

✉ Leah L. Stein Duker  
L.Stein@usc.edu  
Sharon A. Cermak  
Cermak@usc.edu  
Marian E. Williams  
MWilliams@usc.edu  
Michael E. Dawson  
MDawson@usc.edu  
Christianne J. Lane  
Christianne.Lane@med.usc.edu  
José C. Pollido  
JPollido@usc.edu

Division of Occupational Science and Occupational Therapy, Herman Ostrow School of Dentistry, University of Southern California, 1540 Alcazar St, CHP 133, Los Angeles, CA 90089, USA

<sup>1</sup> Department of Pediatrics, USC Keck School of Medicine, University of Southern California, 1540 Alcazar St, CHP 133, Los Angeles, CA 90089, USA

<sup>2</sup> Keck School of Medicine of USC, University of Southern California University Center for Excellence in Developmental Disabilities (USC UCEDDD), Children's Hospital Los Angeles, 4650 Sunset Blvd, M5853, Los Angeles, CA 90027, USA

<sup>3</sup> Department of Psychology of the Dana and David Dornsife College of Letters, Arts and Sciences, University of Southern California, Los Angeles, CA 90027, USA

<sup>4</sup> Division of Biostatistics, Department of Preventive Medicine, University of Southern California, 2001 N. Soto St, SSB 220X, Los Angeles, CA 90089, USA

<sup>5</sup> Children's Hospital Los Angeles, Herman Ostrow School of Dentistry, University of Southern California, 4650 Sunset Blvd, M58116, Los Angeles, CA 90027, USA



# Funandfunction.org

- ▶ ER SADE ROOM

- ▶ <https://www.facebook.com/NemoursChildrens/videos/1531549890231469/>

A dark grey arrow points to the right from the left edge of the slide. Several thin, curved lines in shades of blue and grey originate from the left side and sweep across the slide towards the text.

## 2. Allow for treatment in the clinical setting without pharmacological needs

- ▶ Blanket, lighting, training of staff
- ▶ Our SADE room and area
- Projector
- iPad
- Fluorescent light covers
- “Jellyfish”
- Noise canceller headphones

# Operating Room – General Anesthesia Cost

- Our ASD patients >18 years, approximate time of GPR dental cases for full secondary dentition at initial GA – 120-200 minutes with ~20 restorations and 5 extractions.
- Cost: ~\$20,000.00
- Recommend 1-2 year if unable to be treated in the clinical setting.
- Patients we treated in the OR 2017 breakdown:
  1. Severe ASD with combative tendency –
  2. Mild to moderate ASD with associated co-morbidities -
  3. Severe Anxiety (drug abuse) with or without ID/ND –
  4. Dementia with combative tendency
  5. Pediatric, severe ECC –
  6. Adult ID –
  7. Child ID –
  8. Cerebral Palsy -
  9. Lidocaine allergy – 2
  10. Total GP GPR Case - 151



# Unplanned Post-GA admission

- ▶ Patients admitted post-GA dental cases:
- ▶ 2 pediatric ID
- ▶ 4 adults – 2 slow awakening, 1 nausea/vomiting/seizures, 1 lack of planned post op support
- ▶ Special Need patients are higher risk and need to have a potential plan for admission post GA – PCP's admitting hospitalist (hospital transfer plan), Social Work consults, Risk management, HFA.
- ▶ Have a plan in place and discuss with the families in the rare event

# FDA Drug Safety Communication: FDA review results in new warnings about using general anesthetics and sedation drugs in young children and pregnant women

f SHARE

🐦 TWEET



✉ EMAIL

The FDA has issued new information about this safety issue, see the [FDA Drug Safety Communication](#) issued on 4-27-2017.

[ 12-14-2016 ] The U.S. Food and Drug Administration (FDA) is warning that repeated or lengthy use of general anesthetic and sedation drugs during surgeries or procedures in children younger than 3 years or in pregnant women during their third trimester may affect the development of children's brains.

Consistent with animal studies, recent human studies suggest that a single, relatively short exposure to general anesthetic and sedation drugs in infants or toddlers is unlikely to have negative effects on behavior or learning. However, further research is needed to fully characterize how early life anesthetic exposure affects children's brain development.

## Helpful guide in preparing for your dental appointment

### What to Bring

Being prepared for a dental appointment goes beyond the normal routine. Plan ahead by bringing along an assortment of items.

Some suggestions include:

- Ear Plugs or Headphones
- A favorite device or activity
- Reinforcers for good behavior
- A Sensory Toy
- A favorite device or activity
- Plan and design an appointment schedule
- Picture cards

### Ear Plugs or Headphones

The dental clinic can be very noisy, announcements on loud speakers and other patients' voices. Ear plugs or headphones may contribute toward a less intense experience for the Patient with a cognitive disability.

### A Favorite Device or Activity

To keep the Patient with a cognitive disability occupied while waiting in the reception area, it is suggested you bring along a computer tablet or mobile device, video game, or anything else constructive you feel might distract their attention.

### Reinforcers for Good Behavior

A trip to the dental clinic can be very long. Help promote a full day of fun for the Guest with a cognitive disability by keeping motivational items handy to reinforce his or her good behavior.

### A Sensory Toy

Keeping the Patient with a cognitive disability calm might be an issue due to the sights, sounds, scents and commotion at the dental clinic. Have a sensory toy on hand—like a stress ball or other calming item—to help prevent or assist him or her from experiencing sensory overload.

### Plan and Design an Appointment Schedule

A trip to the dental clinic can disrupt the Patient's daily schedule, it is suggested to plan and design the scheduled appointment on a schedule – weekly or monthly. It is suggested to place the dental appointment at an average time on the designed schedule in the event the appointment is delayed.

### Picture Cards

# What to bring to their appointment

To prepare the Patient for the dental appointment, picture cards or books are recommended to review prior to the appointment and bring along to help facilitate the procedural sequence. Copies are provided by the dental clinic and may also be found at the St. Elizabeth Ohio Dental GPR Facebook page under the post "autism clinic book".

### Appointment Schedule

The 2<sup>nd</sup> and 4<sup>th</sup> Thursdays of each month at 8:45am are open for the Patient to walk through to orientate to the dental clinic. If this time is not in the best interest of the Patient, please inform the staff for additional accommodations.

### Concerns

If additional questions are needed, please call the dental clinic at [330-480-3195](tel:330-480-3195).

If questions are needed for Operating Room Dental Coordinator, please call [330-480-7195](tel:330-480-7195).

# Desensitization plan

“Treating Children with Autism Spectrum Disorders. A Tool Kit for Dental Professionals”. Autism Intervention Research Network on Physical Health.

## Desensitization Plan

The Desensitization technique is a gradual approach to learning to tolerate dental procedures. Some patients with Sensory Disorders may result in uncooperative behavior and difficulty receiving care when necessary. The plan involves a series of short visits to the dental practitioner. Each visit should involve practicing a specific behavior and should end on a positive note. Initial steps may include the following or modified to better accommodate the patient:

1. Walking into the exam room
2. Sitting in the exam chair for 5 seconds
3. Sitting in the exam chair for 30 seconds
4. Sitting in the exam chair for 1 minute
5. Sitting in the exam chair for 5 minutes
6. Sitting in the exam chair for 10 minutes
7. Sitting in the exam chair for 15 minutes
8. Sitting in the exam chair and opening mouth
9. Sitting in the exam chair while allowing the dental practitioner to count
10. Sitting in the exam chair while allowing the dental practitioner to brush teeth

Helpful books to purchase about visiting the dentist:

- BERENSTAIN, S., & BERENSTAIN J. (1981). THE BERENSTAIN BEARS VISIT THE DENTIST. NEW YORK: RANDOM HOUSE. CONFIDENT BROTHER DEMONSTRATES HOW TO VISIT THE DENTIST, GETTING HIS TEETH CLEANED AND A CAVITY FILED. SISTER CURIOUSLY ASKS QUESTIONS AND THE DENTIST GIVES CHILD FRIENDLY DESCRIPTIONS OF EQUIPMENT AND THE PROCEDURES USED.
- HALLINAN, P.K. (1996). MY DENTIST, MY FRIEND. NASHVILLE, TN: IDEALS CHILDREN'S BOOKS. THIS BOOK USES NON-THREATENING GRAPHICS OF REALISTIC ITEMS AND EQUIPMENT SEEN AND USED AT THE DENTIST'S OFFICE. IT MAY BE USED WITH CHILDREN PREFERRING MORE CONCRETE, DETAILED INFORMATION AS AN ALTERNATIVE TO A CHARACTER STORY.
- RADABAUGH, M. (2004). GOING TO THE DENTIST. CHICAGO: HEINEMANN LIBRARY. THIS BOOK USES PHOTOGRAPHS, ASKS QUESTIONS AND GIVES SIMPLE ANSWERS. IT DEFINES WHY IT IS GOOD TO GO THE DENTIST, WHO WILL BE MET AT THE OFFICE AND DEFINES EACH ROLE AND BASIC INFORMATION ABOUT WHAT TO EXPECT,

A dark grey arrow points to the right from the left edge of the slide. Below it, several thin, curved lines in shades of blue and grey sweep across the left side of the slide.

# Sensory Clinic Goals

1. Create a welcoming atmosphere
2. Allow for treatment in the clinical setting without pharmacological needs
- 3. Team work – defined roles and schedule**
4. Train Future Generations in care

### 3. Team work – defined roles and schedule

#### Stress and Anxiety Considerations

- Trigger easily
- Climbing mountain of emotion - Often do not indicate internal stress and anxiety building until reaching peak
- Team debrief after each encounter for the day
  - Medical immobilization use, melt downs
  - Happy and sad story
- Every other month lunch and learns – will share!
- Staff training.
- Place value in each team member.
- Phone scripts were made for the staff.
- Defined staff roles.

The background is a light blue gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance.

# ASD DENTAL APPOINTMENT ROLES

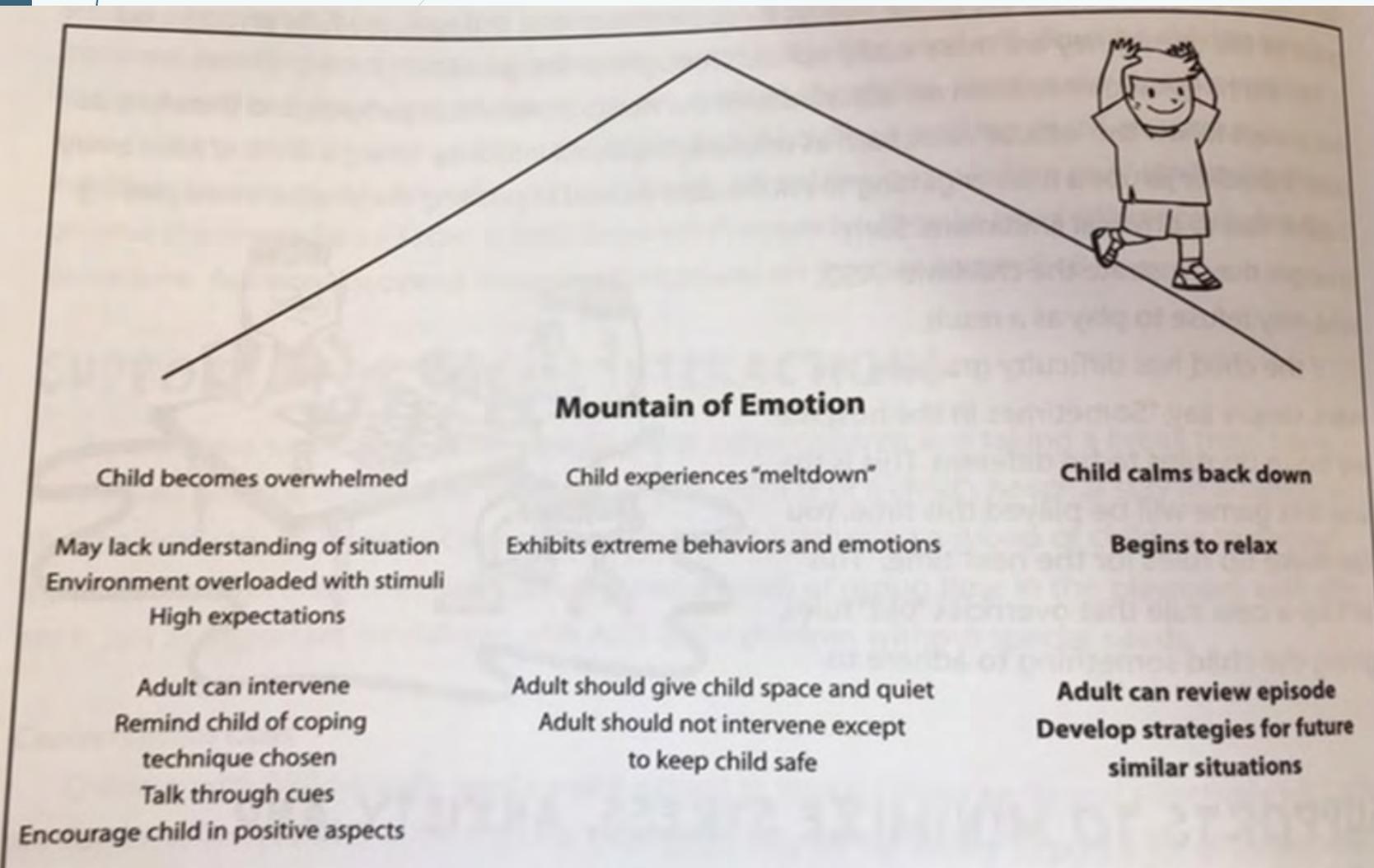
ST. ELIZABETH MERCY HEALTH DENTAL GPR

DR. FLEAGLE

# CARE TEAM ROLES

- RECEPTIONIST – FIRST IMPRESSION, SETS THE TONE OF THE VISIT, WELCOME, CONFIRMS POA IS PRESENT AND DOCUMENTATION IS COMPLETE
- NURSE/HYGIENIST/DA/MA – PT COORDINATOR, FRIEND – LIKE A CARE COORDINATOR, WORKS CLOSELY WITH THE PT AND FAMILY
- DOCTOR – LISTENS TO PARENT, INTERPRETS, DIAGNOSIS, PLAN, APPROPRIATELY COMMUNICATES
- CARE TEAM MEMBER OR PARENT MAY BE THE QUARTERBACK FOR INTERACTIONS WITH THE PT.
- STAFF LUNCH AND LEARNS WERE CONDUCTED ON EDUCATION. SPECIAL NEEDS TRAINED STAFF MEMBER WAS HIRED TO BE TEAM LEADER
- 8-8:30 SCHEDULE REVIEWED WITH STAFF RESIDENTS ON PT TREATMENT AND TRIGGERS AND THEIR ROLE
- EDUCATED ON PASSIVE AND ACTIVE RESTRAINTS.

# Overcoming a Melt-down



► Prevention is best...

Meltdown:

► Allow time to calm down

Coping techniques:

► Guided Imagery – “puppy land”

► Distraction – movie, music, moving pictures, bubbles

► Progressive muscle relaxation

► Diaphragmatic breathing – “belly breathing”

\*worked out prior to procedure

\*\*debrief with staff

A dark grey arrow points to the right from the left edge of the slide. Below it, several thin, curved lines in shades of blue and grey sweep across the left side of the slide.

Clinic flow – dedicated time each week.

A dark grey arrow points to the right from the left edge of the slide. Below it, several thin, curved lines in shades of blue and grey sweep across the left side of the slide.

# Sensory Clinic Goals

1. Create a welcoming atmosphere
2. Allow for treatment in the clinical setting without pharmacological needs
3. Team work – defined roles and schedule
- 4. Train Future Generations in care**



## 4. Train Future Generations in care

- ▶ Dental Residents work directly in preoperative treatment planning, clinical treatment, preoperative care, GA/OR treatment, and post-op planning and care.
- ▶ Hygiene students observe and render treatment with residents or beside Special Needs Trained Hygienist.
- ▶ Medical Students observe in clinical setting and in the surgical setting assist and render limited dental care with the dental attending.
- ▶ Dental Students observe and render limited dental treatment in the clinical setting and in the surgical setting assist the dental resident.

# 4. Train Future Generations in care

- Preoperative:
  - PMH, medication
  - Determine if a medical assessment will be needed prior to care.
  - Sensory Form
  - Diagnosis
  - COMMUNICATE
  - Plan
  - Treat

## PATIENT INFORMATION QUESTIONNAIRE

*Adapted from "Autism Speaks: Treating Children with Autism Spectrum Disorders: Dental Tool Kit for Families"*

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

### MEDICAL HISTORY

Describe the nature of your child's disability: \_\_\_\_\_

Are they currently taking any medications, vitamins, herbal, and mineral supplements?  
 No  Yes (If yes, please list) \_\_\_\_\_  
 Has your child ever had seizures?  No  Yes  
 Date of last seizure: \_\_\_\_\_ Type of seizure: \_\_\_\_\_  
 Does your child have any allergies?  No  Yes (If yes, please list) \_\_\_\_\_  
 Does your child wear a hearing aid?  No  Yes (If yes, please explain) \_\_\_\_\_  
 Does your child have any other physical challenges that the dental team should be aware of? \_\_\_\_\_

### ORAL CARE

Has your child visited the dentist before?  No  Yes (If yes, please list date) \_\_\_\_\_  
 Please describe your child's at-home dental routine: \_\_\_\_\_  
 Does your child use an  electronic or  manual toothbrush?  
 Does your child floss?  No  Yes  
 Does your child need assistance when brushing their teeth?  No  Yes  
 What are your dental health goals for your child?  
 \_\_\_\_\_  
 How often does your child eat during the day  3 meals a day  snacks in between meals  eats only when hungry  
 What types of foods?  
 \_\_\_\_\_  
 Does your child drink soda?  No  Yes Does your child drink fruit juice?  No  Yes

## PATIENT INFORMATION QUESTIONNAIRE

### COMMUNICATION & BEHAVIOR

Is your child able to communicate verbally?  No  Yes  
 Are there certain visual or verbal cues that might help the dental team? If yes, please explain:  
 \_\_\_\_\_  
 Are there any useful phrases or words that work best with your child? Please describe:  
 \_\_\_\_\_  
 Does your child use non-verbal communication?  No  Yes If yes, please explain:  
 \_\_\_\_\_  
 Will you be bringing a communication system with you?  No  Yes If yes, please explain:  
 \_\_\_\_\_  
 Will you be bringing visual supports to help your child during the visit? If yes, please explain:  
 \_\_\_\_\_  
 If not, are there any supports that we can have available to assist with communication? If yes, please explain:  
 \_\_\_\_\_

### BEHAVIOR/EMOTIONS

Please list any specific behavioral challenges that you would like the dental team to be aware of:  
 \_\_\_\_\_  
*Feel free to bring motivating items that are comforting and/or pleasurable for your child to the dental visit.*

### SENSORY ISSUES

Please list any specific sounds that your child is sensitive to:  
 \_\_\_\_\_  
 Does your child prefer the quiet?  No  Yes  
 Is your child more comfortable in a dimly lit room?  No  Yes  
 Is your child sensitive to motion and moving (i.e., the dental chair moving up and down or to a reclining position)?  
 No  Yes If yes, please explain:  
 \_\_\_\_\_  
 Does your child have any oral sensitivity (gagging, gum sensitivities, grinding, clenching, etc.)?  No  Yes  
 Do certain tastes bother your child?  No  Yes (If yes, please explain)  
 \_\_\_\_\_  
 Is your child more comfortable in a clutter-free environment?  No  Yes If yes, please explain:  
 \_\_\_\_\_  
 What frightens your child?  
 \_\_\_\_\_  
 What calms your child?  
 \_\_\_\_\_  
 Please provide your dentist with any additional information that may help prepare for successful oral health care.  
 \_\_\_\_\_

# Ethical challenges – teaching love, respect, and value



[https://www.youtube.com/watch?v=MEgldVqmB\\_Y](https://www.youtube.com/watch?v=MEgldVqmB_Y)

# Ethics surrounding Down Syndrome in the news



**Stephen Camarata Ph.D.**  
The Intuitive Parent

## Iceland "Cures" Down Syndrome: Should America Do the Same?

Should any society actively eliminate Down Syndrome or any other "abnormality?"

Posted Jan 02, 2018

Must establish the value of a person...

- <https://www.psychologytoday.com/us/blog/the-intuitive-parent/201801/iceland-cures-down-syndrome-should-america-do-the-same>
- [https://www.washingtonpost.com/opinions/whats-the-real-down-syndrome-problem-the-genocide/2018/03/14/3c4f8ab8-26ee-11e8-b79d-f3d931db7f68\\_story.html?noredirect=on&utm\\_term=.29da8823a290](https://www.washingtonpost.com/opinions/whats-the-real-down-syndrome-problem-the-genocide/2018/03/14/3c4f8ab8-26ee-11e8-b79d-f3d931db7f68_story.html?noredirect=on&utm_term=.29da8823a290)



Opinions

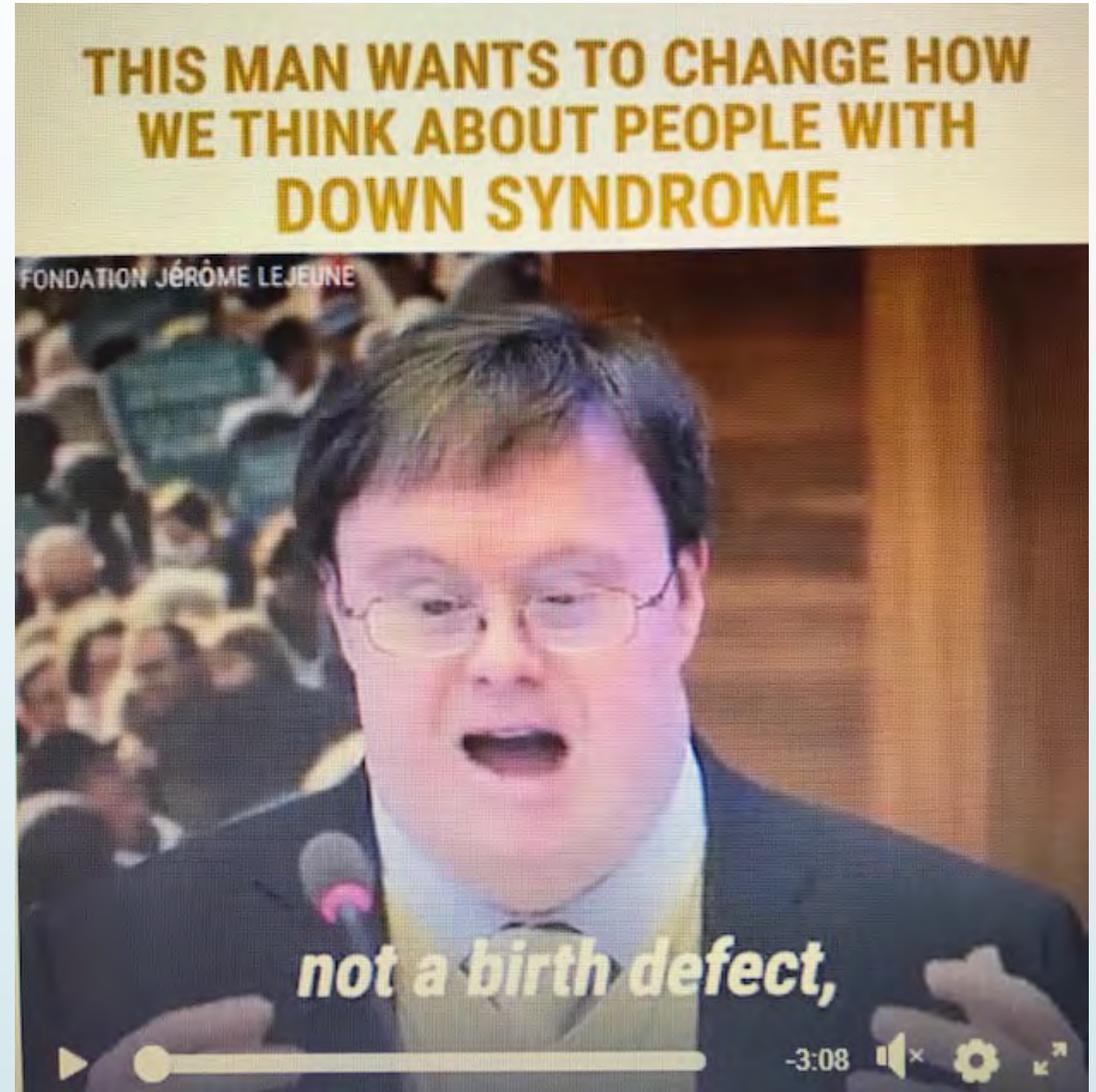
## The real Down syndrome problem: Accepting genocide

By  **George F. Will** March 14 [Email the author](#)

Mr. J. F. Stephens  
“I do not feel that I should  
justify my existence.”

- <https://www.youtube.com/watch?v=jTbe-u-n0T4>
- <https://www.facebook.com/austin.lamos/posts/10100152691558340>
- <https://www.youtube.com/watch?v=NjqlwkDs0Qc>
- <https://www.youtube.com/watch?v=1M0yXHAJ3iQ>

<https://www.youtube.com/watch?v=jTbe-u-n0T4>





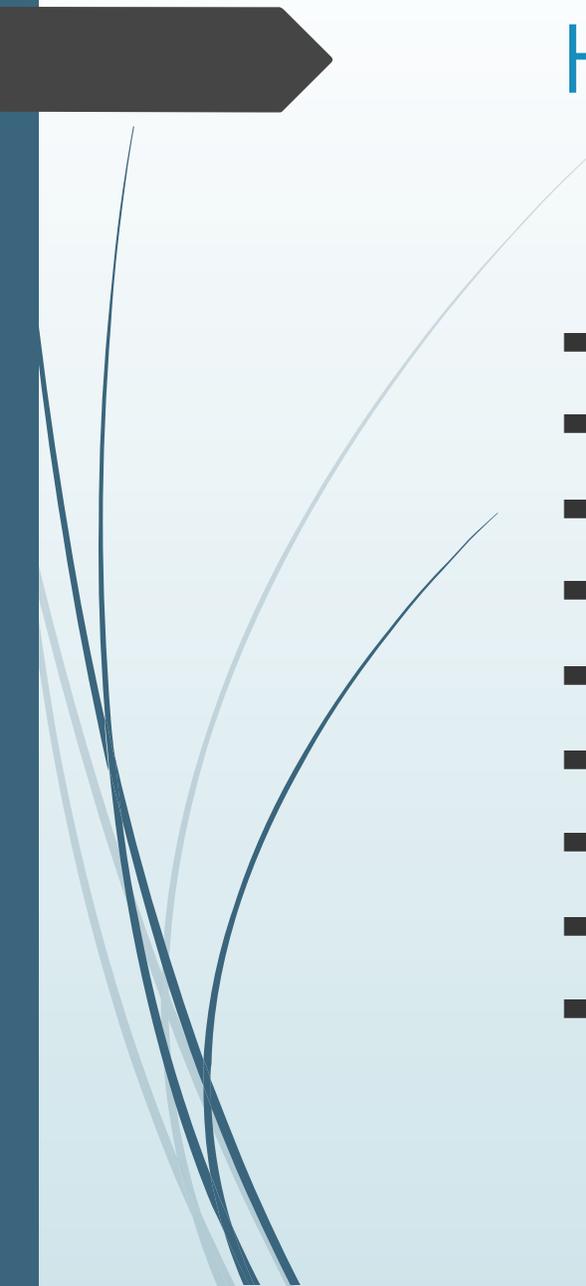
## 4. Train Future Generations in care

- ▶ Goal:
  - Create, care, and model value of the patient
  - Exposure to planning and treatment which will carry on into the resident's practices.
  - Increase providers willing to treat sensory patients.
  - Provide homes from childhood through adulthood for our sensory family which will encourage comprehensive lifetime care.



# Patient care team – medical team

- Physician – Primary Care
- Neurologist
- Gastroenterologist/GI
- Pulmonologist
- Endocrinologist
- Allergist and Immunology
- Physical Therapy/PT/OT
- Social Worker

A dark grey arrow points to the right from the left edge of the slide. Below it, several thin, curved lines in shades of blue and grey sweep across the left side of the slide, creating a dynamic, abstract background element.

# Helpful Involvement

- ▶ OT and school may help with desensitization (brush)
- ▶ Dental for oral care for caries, cyclic vomiting, working with pts
- ▶ GI for GERD, diet
- ▶ PCP – quarterback
- ▶ Neurologist – seizures, TS
- ▶ Dietician
- ▶ Speech pathologist
- ▶ Allergist and immunologist – Clifford test
- ▶ Endocrinologist – healing precautions (steroids, diabetes)

# OT and PT

- ▶ Amazing therapy!!
- ▶ **The Wilbarger Deep Pressure and Proprioceptive Technique (DPPT) & Oral Tactile Technique (OTT)**
- ▶ Wilbarger, P. & Wilbarger, J. (1991). *Sensory Defensiveness in Children Aged 2-12: An Intervention Guide for Parents and Other Caretakers*, Avanti Educational Programs: Santa Barbara, CA
- ▶ Therapeutic Brushing Techniques. June 10, 2018. <https://www.ot-innovations.com/clinical-practice/sensory-modulation/therapeutic-brushing-techniques/>





# School, therapy care team

- ▶ Applied Behavioral Analysis (ABA) therapy
- ▶ Cognitive Behavior Intervention Treatment (CBIT)
- ▶ IEP or not
- ▶ ASD school
- ▶ ID/ND school or Work Sites
- ▶ Speech therapy

\*\*\*Insurance dependent

A dark grey arrow points to the right from the left edge of the slide. Several thin, curved lines in shades of blue and grey originate from the left side and sweep across the slide towards the text.

# Guardian/Parent/Caregiver considerations

- ▶ POA – state appointed or long-distance.
- ▶ Neglect and/or abuse concerns.



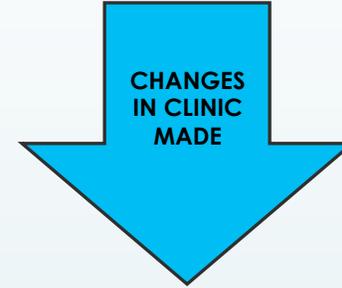
## Caregiver/Parent/Guardian

[https://m.facebook.com/story.php?story\\_fbid=10156248647783899&id=56230623898&\\_rdr](https://m.facebook.com/story.php?story_fbid=10156248647783899&id=56230623898&_rdr)

Main support system for patient.

➤ <https://www.youtube.com/watch?v=Lhmxw05NGfY>

# Modifications in our clinic worked



Fall 2012 – 1<sup>st</sup>  
presentation  
with dental  
abscess.  
Security  
assist....

June 2016 – wouldn't exit car

June 2018 –  
first time in  
operator



## Purpose to develop our Dental Sensory Clinic - Recap

- ▶ Create a welcoming atmosphere
  - Improve patient and guardian experience.
  - Prevention of dental caries and periodontal disease.
  - Team work
- ▶ Allow for treatment in the clinical setting without pharmacological needs
  - Create a care plan utilizing sensory equipment and ASD recommendations.
  - Decrease GA/OR cases
- ▶ Train Future Generations in care - Dental Residents. Hygiene, dental, medical, assistant students.



# What is the value of a person?

- “Who doesn't want to know that we notice them and value them? And who might respond to us better when they feel that they matter? It probably cannot be overstated – it matters...that people matter.”

— Steve Goodier - founder of Life Support System

## ➤ Questions?

- Jenelle Fleagle

Email: [fleaglevanwinkle@gmail.com](mailto:fleaglevanwinkle@gmail.com)