Strategies for Providing Care to Patients with Autism

CareQuest Institute Continuing Education Webinar

April 27, 2023



Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by Friday, May 5.
- Eligible participants will receive a certificate soon after via email.

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*Full disclosures available upon request



Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.

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	Feel free to ask the ho	st and panelists	question	S	
Type you	Ir question here				



Learning Objectives

At the end of this webinar, you'll be able to:

- Describe the basic characteristics that define the diagnosis of autism and how they can affect the health care autistic individuals receive.
- Define the concept of neurodiversity as it relates to autistic individuals and how it can impact the services and support they need.
- Discuss how to mitigate challenging behaviors in a dental setting.
- Identify how to implement behavioral interventions for autistic patients in a dental setting.
- Recognize the importance of having a behavioral therapist as part of a dental team.





Vision

A future where every person can reach their full potential through excellent health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health





Strategies for Providing Care to Patients with Autism



WEBINAR | Thursday, April 27, 2023 | 7–8 p.m. ET | ADA CERP Credits: 1

MODERATOR/PRESENTER



Jennifer Zarcone, PhD, BCBA-D Chief Clinical Officer and Director of Training, May Institute

PRESENTER



Oscar Padilla, DDS Associate Professor of Clinical Dentistry, Department of Pediatric Dentistry, College of Dental Medicine, Nova Southeastern University



Strategies for Providing Care to Patients with Autism

Jennifer Zarcone, PhD, BCBA-D









May Institute, Today



Service Divisions



Educational services



Adult services



Home, school, and center-based services



Overview of Presentation

- Myths and Misconceptions about Autism
- Neurodiversity and Autism
- Considerations for Autistic Patients
- Providing Care to Autistic Patients



A Word about Language

We would like to note that we use identify-first language in this presentation to refer to autistic individuals, as it has been requested by autistic voices.

There is a strong opinion that person-first language (individuals with autism) leads to dehumanization, stigmatization, and marginalization of this group.

Thus, we will be using identity-first language throughout this presentation.



Learn more the preferences here: https://pubmed.ncbi.nlm.nih.gov/36237135/

Myth #1 – Autism is a very rare disorder. FALSE



Autism Is Not a Very Rare Disorder

- Current CDC data from data collected in 2020 indicate that:
 - 1 in 36 children have an autism diagnosis
 3.8 times more prevalent in boys
 Has increased significantly over past 25 years
- Occurs equally across all racial and ethnic categories **BUT**:
 - Diagnosed later in Hispanic children
 - \circ Diagnosed later in children living in rural areas
 - Diagnosed later in children with public health insurance



Myth #2 – Autistic people are nonverbal and significantly intellectually disabled.



Autism Is a Spectrum Disorder

- **38%** of autistic individuals have an intellectual disability; the rest have an average or above average IQ.
- Autism is often diagnosed later (or not at all) in individuals with higher IQ.
- Children with a developmental delay are often identified through Early Intervention and then later get autism diagnosis.



Myth #3 – Autistic people don't make eye contact, smile, or show affection or emotion.



Social Communication Issues and Autism

- Focus on characteristics of people that are irrelevant
- Have difficulty recognizing or processing faces
- Difficulty interpreting facial expressions





Processing Faces



Non-autistic people look at the central face about 75% to 90% of time Autistic people only spend about half of the time looking at central face





Additional Social Communication Concerns

- May ignore other people's comments or attempt to change the conversation; will talk over others
- Difficulty picking up on social cues
- Difficulty code switching or identifying audience
- Difficulty with slang, sarcasm, jokes
- May take longer processing information, especially when given verbally





Myth #4 – Autistic people are inflexible and engage in rituals as well as unusual behaviors such as hand flapping.

TRUE and FALSE



Restricted, Repetitive Patterns of Behavior, Interests, and Activities

To be diagnosed with autism, one must have some of these symptoms:

- Highly restricted to a certain topic or interest
- Preoccupation with unusual objects or topics
- Ritualistic behavior
- Preference for routines and insistence on sameness
- Difficulty with transitions
- Stereotypy or repetitive behavior





A Word about Neurodiversity

- Neurodiversity is a social justice movement that emerged in the 1990s with the aim of increasing acceptance and inclusion of all people while embracing neurological differences.
- Autistic people have increasingly advocated for inclusion across all community settings and to have more say in research and education ("nothing about us without us").



Ways to Foster Neurodiversity in the Workplace, Schools, and Health Care Systems

- Sound sensitivity communicate in advance about loud or annoying sounds, offer noise cancelling headphones or regular breaks
- Tactile issues and discomfort related to clothing and other materials
- Movement: Allow the use of fidget toys, movement breaks, flexible seating
- Don't make assumptions ask the person questions about preferences and listen to answers





Fostering Neurodiversity in the Workplace, Schools, and Health Care Systems

- Use a clear communication style and avoid sarcasm, euphemisms, slang, jokes, and implied messages.
- Provide concise verbal and written instructions and expectations.
- Break down tasks into small steps.
- Allow choices and modifications to the task at hand if possible; allow more time to complete tasks so not rushed/stressed.
- Give advance notice about changes; provide a reason/rationale for the change.
- Be kind, have patience.



"We are freshwater fish in salt water. Put us in fresh water and we function just fine. Put us in salt water and we struggle to survive."

- Sally Borella, autistic person





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Strategies for Providing Care to Patients with Autism

Oscar Padilla, DDS







A special thanks to **Dr. Tara Sheehan, BCBA, PhD,** who helped me with this presentation. We have been working closely for many years at the Mailman Segal Dental Clinic, Nova Southeastern University.



Learning Objectives

- 1. Discuss how to mitigate challenging behaviors in a dental setting.
- 2. Identify how to implement behavioral interventions for patients with autism in a dental setting.
- 3. Recognize the importance of having a behavioral therapist as part of a dental team.



Autism in the Dental Setting

Pediatric dentistry identified predictors of cooperation:

- Expressive language
- Receptive language
- Cooperation with haircut
- Placement in special needs classroom
- Reading behavior (by age 6)





Considerations of Sensory Motivated Behavior: Seeking, Avoiding (atypical sensory processing)

- <u>Seeking</u>: crying, grasping, biting, placing objects in mouth, distracted by things in the room, hand flapping
- <u>Avoiding</u>: covering ears, repetitive motor movements (e.g., rocking or tapping legs), closing eyes, aggressive behavior, self-injurious behavior, elopement



Sensory Experiences





Challenging Behaviors in Dental Setting

Hyperarousal and discomfort from visual/audio stimulation Automatic eliciting of distressing emotional responses

Motivation to avoid or escape contact

Escape via potentially disruptive, aggressive, or self-injurious behaviors

Behaviors reinforced by removal from the dental environment / cessation of emotional distress

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Preventive Behavior Management Strategies

Be prepared for your patient . . .



Cycle of Care
Preventive Behavior Management Strategies, cont.

If possible, have office staff conduct pre-visit screenings to assess unique needs of patient:

- Dental history
- Reinforcer checklist (iPad, toys)
- Strategies used in other environments (e.g., visual supports)



Pretreatment Assessment Form

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□ \$16,000-\$2	□ \$16,000-\$29,000 □ \$50,000-\$69,000 □ Prefer not to answer								<u>^</u>
Does the child have any siblings	Does the child have any siblings? 🛛 Yes 🗖		If yes, how	If yes, how many?					
Was your child diagnosed with A	Was your child diagnosed with Autism Spectrum Disorder (ASD			D No					
If yes, how would you describe	🗖 Mild	Moderate	Severe	Other					
If applicable, what age was you	r child diagnosed with	ASD?							
From what sources have you red	ceived information ab Psychologist		SD diagnosis? (che t 🛛 School		/) Other				
What program is your child curr	What program is your child currently enrolled in?:				emy				
Occupational Therapy;	What other services is your child receiving? Occupational Therapy; How often? Physical Therapy; How often?		w often? often? often?	Other:	w often?				
Does you child have any other c	o-occurring diagnosis	/es?	🗖 N/A						
D ADHD	Intellectually	Disability	Fragile X	Asthma					
Seizure Disorder	Down Syndrome			Other Genetic Disorder:					
Speech Delay	Seizure Disorder		Hypersensit						
	Developmental Delay Mental Health Disorder:		 Hypersensit Depression 	-	ns 🗖 Anxiety				
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Is your child currently taking an			D No						
If yes, please list the medication	is here:								
Has your child ever visited the dentist?		Yes	D No						
If yes, write age of first	visit	Describe:							
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Preventive Behavior Management Strategies

- Prior to having any examinations or procedures, consider having the child visit the office for a tour.
- Let the child sit in the chair, tour the area, and meet the dentist and staff.
- Make the setting more predictable, friendly, and approachable.
- Associate the visit with something positive e.g., toy when they arrive, special trip with parent after they leave.







Turn Aversive Stimuli to Positive Ones

Build rapport

• Genuineness, concern, empathy, interest, honesty

Associate yourself with good things (e.g., praise, toys)

- In the dental office
- In the waiting room

Pair sights, sounds, and smells with positive stimuli

- Arrange for fun things to do or watch in the waiting room
- Let the child play with a favorite toy in the dental chair
- Let the child play with the light to shine it around the room





Sensory Strategies

Provide accommodations

- Sunglasses for bright light
- Flavor of toothpaste
- Flosser instead of floss
- Noise-cancelling headphones/music

Promote competing responses

- If hand flapping or pushing away instruments, provide item to hold
- Use digital media or other distractor

Provide alternative input

- Weighted vest (x-ray apron can approximate this input)
- Squish toy/stress ball/blanket/headphones







Use Schedules and Visual Cues

- A picture **schedule** or written schedule can help a child predict what's going to happen next and reduce anxiety.
- **Pictures** are used to represent each step of the process (come into the room, sit in the chair, open mouth, rinse, spit, and the end of the visit).
- Could use reinforcement for completing each step or let the child turn over the visual for each step or cross it off a list.
- Use first-then statements and visuals to motivate the patient to do something that might be aversive to them.







Use Distracters

- Music to listen to during the procedure
- Videos on iPad
- Quizzes for prizes
- Singing to patient
- Telling patient stories
- Discuss "special interests"





Give Choices and Allow Breaks

Let the patient have choices about a variety of things

- How long they will have something in their mouth
 - They can pick number you count to
- What they are reinforced with for following directions
- What order they want some of the procedures completed
- What video to watch during the procedure or in the waiting room



Allow the patient to take frequent breaks, including getting up and walking around

- Let them choose when a break is needed or give a signal that indicates they need a break
- Must plan carefully depending on demands of clinical procedure

Discuss Forced Choice



Responsive Strategies

Do not react to problem behavior

- Provide brief neutral corrective feedback
- Redirect with clear, brief "do" language
 - \circ Instead of "no climbing," say "sit back"
 - $_{\odot}$ Instead of "don't hit me," say "hands on your belly"

Provide high-quality praise for behaviors you want to see

- Provide frequently
- Use exaggerated affect
- Celebrate small successes
 - $_{\odot}$ "You are sitting so nicely" and "Nice opening your mouth"





Re-establish Compliance

Reduce the demand, reward compliance, and press for additional approximation toward goal

- If child refuses prophy, for example, use manual toothbrush
- If a child refuses mirror in mouth, have child 1 hold mirror,
- 2 touch to cheek, 3 touch to lips

Use turn-taking to capitalize on modeling and allowing small breaks (contingent on compliance as opposed to noncompliance)

- Mommy's turn, patient's turn
- Patient's turn then doctor's turn





Reinforce or Reward Good Behavior

Before a problem behavior begins, reinforce for little things – Behavior momentum

- Coming into the room
- Sitting in the chair
- Opening his or her mouth

<u>Common reinforcers</u>: toys, candy, praise, stickers/tokens, high fives

 Could use a sticker chart or a token system — getting a thumbs-up for each step completed gets a bigger reward

Establish Reinforcer **BEFORE** presenting difficult task

• First/Then Board



Have a Family Plan

- Get input from parents including their concerns.
- Discuss how parents/caregivers achieve successful behavioral outcomes with the patient.
- Have private discussion with parents about topics we do not want patient overhearing.
- Discuss with parents how dental team approaches problem behavior.
- Give the parent suggestions of how he or she can help during the exam.
- Share with the patient what your decision is about Mom or Dad joining him or her.



Scheduling Considerations

- Limit wait time
- Schedule during less busy times of day
- Plan longer appointment times
- Suggest higher frequency of visits
- Include the same provider or support staff
- Use the same clinical setting





Document and Treatment Plan

- Decide which interventions were successful
- Modify intervention for particular patient
- Assign roles to providers during clinical session – active, passive
- Outline the behavior plan for each particular visit
- Discuss upcoming clinical procedures concerns, needs





Consult a Behavior Analyst

- Patient may be receiving behavior therapy with a BCBA or RBT
- Behavior analyst is not limited by site (*school, home, dental visits*)
- Can help formulate behavior plan and implement it at home





Autism Speaks Dental Toolkit

• Great resource for parents and dentists

https://www.autismspeaks.org/family-services/tool-kits/dental-tool-kit

• Video for parents

https://www.youtube.com/watch?v=HOcA2CT3NL8





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Question and Answer

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Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a <u>variety of chronic health constitions</u>, such as high blood pressure, dementia, diabetea, and obesity. Despite this known connection, dental care is still largely sliced from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (in F5220). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to integratego and oral health providers described a lack of Integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings: Medical-dental collaboration is currently uncommon.



Webinar Evaluation

Complete the **evaluation by Friday**, **May 5** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

May 3: Reducing the Proportion of Older Adults with Untreated Root Surface Decay (OH-4) at 7–8 p.m. ET

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