

## Visiting the Dentist



Access to reliable and useful information is important for understanding the needs of individuals on the autism spectrum. Not only are individual's lives dramatically affected but the lives of their families, friends, schools and colleagues are too.

Based on our knowledge and understanding of common challenges that arise, we continually develop our information resources on a range of day-to-day topics and issues. Our fact sheets help many to understand, develop practical skills and build confidence when interacting with someone on the autism spectrum.

Many of us cringe at the very thought of visiting the dentist. The smells, the noise of the drill, the fact that you find it hard to swallow with a finger poking into your mouth - whatever the reason it is hard for most of us to endure, but for people on the autism spectrum this can be an especially challenging experience. This may be as a result of the type of fear and anxiety that many people experience. Added to this, some individuals on the autism spectrum may experience heightened anxiety as a result of factors such as:

- Sensory processing issues that may result in increased sensitivity to smells or touch or that may result in individuals being unable to filter out noise.
- Despite the efforts of many Dentists, surgeries can be visually very imposing and overwhelming as they are, necessarily, clinical environments. It is important to consider the environment from the perspective of the individual. All areas including the waiting room, dentist room toilets, etc. need consideration in relation to what may be anxiety provoking for the person. It is likely to be a very different type of setting to the usual places a person might experience. Added to this, it is hopefully not a place that the person may visit on a regular basis.

## The following outlines things to think about when supporting a child or adult to access dental treatment. It is based on the experience accumulated when working with individuals and their families.

Organisation and advanced planning will help to build structure and predictability to the visit. Some things to consider are:

- The person may need to know well in advance when, how and where, the visit is taking place. For some this may need to be planned relatively far in advance whilst for other individuals this approach may increase anxiety, as they may be unable to cope with waiting for such an event to occur. These sorts of decisions can be informed by your knowledge and understanding of the individual.
- Creating predictability can enable the person to understand the process of the what, when and how, of the visit. Communicating this information in a way that is accessible for the person should be taken into account when planning in order to alleviate anxieties.
- Structuring the visit through a sequence of events will help to build up the big picture of things. This can avoid a situation where the person focusing on the fine details, whilst failing to make connections to the process. They may, for example, become fixated on the level of the chair or the light from the lamp above their head. Objects, pictures or social stories (http://www.thegraycenter.org/social-stories) can be used to draw the person's attention to each step of the way and transition both to and from the dentist building should be carefully considered. Photographs and maps can be used to help link events.
- It may be helpful to approach the dentist in advance to discuss what supports they might offer. Fear of the dentist is fairly common and it may be they can supply good, educational resources to enable individuals to understand why regular visits are necessary and to be reassured about the approach that will be taken.
- If possible, involve others who play a key role with the individual to consider a collaborative approach to supporting the individual to access the dentist. Teachers may be able to support the process through topic work or other classroom activities. Other health professionals such as community learning disability nurses may be able to advice and support with more structured approaches to desensitising the individual to the things they find anxiety provoking or over stimulating.

A search for resources that are already available will mean you won't have to reinvent the wheel, but bear in mind that resources may need adapted to suit individual needs and may also need personalised so they are motivating and engaging for the person.

Developing an individualised toolkit can be helpful; this can be added to over time as engagement with the dentist may change from routine checkups to needing treatment. The toolkit could also be used to inform the Dentist of the individual profile of the person in order for them to adapt accordingly. Again your knowledge of the individual will help you decide how to work along with the Dentist to support the best outcome for the person. For example if the Dentist is aware the person has an interest in talking about transport or football etc. this is a positive way to engage and distract to help put people at ease.

More specific information may be needed depending on the persons preferred means of communication including any visual communication tools such as symbols or schedules.

Some people on the autism spectrum tend to think in a very literal way and this needs consideration; be factual and try not to use language with more than one meaning or augment information with objects or pictures to clarify. The earlier you can start dental visits with young children the better and introducing their favourite play characters can help model what is required. Some other things to consider are:

- Think about the best time to schedule appointments. First and last appointments may help with difficult concepts like time where waiting may be an issue.
- Expressing pain may be difficult, so look out for changes in behaviour, sickness or fever. Any specific behaviour that may be indicative of the person being in pain can be noted in the toolkit.
- Making the dentist visit structured and predictable can encourage familiarity with the process.
- Try to make visits happy, positive occasions. A reward or doing something that is motivating at the end of the appointment can be an incentive but remember a reward has to be something that the person likes and is motivated by. This may be idiosyncratic like a piece of string to twirl, their favourite feely toy or looking at trains for 10 minutes.

- Helping the person become accustomed to having their mouth touched may help to desensitise them to invasive dental checkups and treatment. Ideas include putting on lip salve regularly; eating a range of textured foods; using massaging brushes, electric brushes, etc.
- It might be appropriate for the person to examine their own teeth with a dental mirror and different brushes, floss, etc. (do ensure that they can do this safely). This may help to both desensitize and to make dental type equipment a bit more familiar. Assess the person's tolerances and sensitivities, if necessary doing this in a very graded fashion.
- Taking the person's own toothbrush along to examinations may encourage mouth opening to allow an examination and provides a familiar object of reference.

Dental treatment may be available not only from your high street dentist. People with special needs can register with their local NHS Community or Salaried Dental Service. This service can provide routine care and emergency treatment and will respond if a general dentist cannot respond. In some areas it may also be possible to access a service at home, if the person is unable to access a dental surgery.

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GOOD LUCK AND SMILE YOU HAVE BEEN TO THE DENTIST

## Suggested books/reading material:

1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorders [Paperback] Ellen Notbohm & Veronica Zysk (Authors) Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism [Paperback] Mary Wrobel (Author) Social Stories www.thegraycenter.org/social-stories