

Tips for Visiting the Dentist **With Children with Sensory Processing Challenges**

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Children with sensory processing disorders often interpret sensory input from their bodies and environments differently than other children, and as a result have a stressful time during dental check-ups even with the most well intentioned dentists and the most careful preparation from their parents. Parents often seek advice about how to make these necessary check-ups more pleasant and less anxiety provoking.

Touch, sounds, movement of the chair and even smell can elicit strong responses in children with sensory processing challenges. Their brain may interpret many sensations as unpleasant or threatening and result in 'fight or flight' behaviors. It is important to recognize that these behaviors are part of a normal reaction of the brain when the primitive parts of the brain are triggered and have determined a sensation to be a threat. These behaviors are a result of varying thresholds of tolerance for certain sensations. Every individual (whether they have sensory challenges or not) can be provoked to a 'fight or flight' state if their sensory thresholds for "threat" are reached. Children with sensory processing challenges often have lower thresholds for this normal phenomenon than other children. Understanding the sensations that are most likely to trigger a 'protective response' can help us design interventions that may be successful. Here is a little information about each system, how the brain interprets it, and strategies that may be helpful.

Touch: There are 2 parts to the system of touch. Deep pressure touch is calming and organizing and light touch 'triggers' a protective response. Included in light touch is the movement of hair, explaining why some children have difficulty with haircutting. Incorporate deep pressure touch whenever possible (such as several heavy weighted lead vests on during the entire visit). Ask the clinicians to use deep firm pressure whenever touching the child. In addition, if the dentist can approach the child's mouth from the side (rather than the center of the mouth) and stroke the cheek, and around the lips, with deep pressure prior to entering the mouth, it is less threatening. Allow your child to bring a fidget toy that provides calming "heavy work and deep pressure" for their hands during the visit.

Parents can prepare with some 'touch' activities at home as well. If possible, introduce a battery-operated toothbrush at home to acclimate your child to the noise and to the movement and vibration inside his/her mouth. On the day of the dental appointment, if your child is overly sensitive to touch, sound, light or movement, your child may benefit from deep pressure touch before leaving home. If your child is involved in a program of deep pressure to skin surfaces and joints, be sure to do this before leaving home. Engage your child in some heavy work activities that provide resistance to muscles and joints before getting in the car, and provide portable heavy work activities for the hands in the car on the way to the dentist, such as squeeze toys or a stretchy Theraband to pull. Do some deep oral massage or vibration with your electric toothbrush or a mini-oral massager. Encourage your child to eat a hard chewy before the

appointment. If your child benefits from compression garments such as bike shirts or shorts to help modulate their overall arousal level, allow the child to wear these garments to the dentist's office either alone or under their regular clothing. Similarly, if your child wears hats, wearing a snug or heavy hat before and during the appointment may help.

Movement: Many children are very sensitive to being moved off the vertical (especially if it is imposed on them). Others love movement and 'the more the better'. If your child is sensitive to movement and did not like being tilted back for diaper changes and hair washing, it may be helpful to have the dentist position the chair ahead of time in a semi reclining position (not fully reclining), with a weighted lead vest on the chair and ask him to 'climb on in under the covers'. This provides a stable surface (much less threatening than a moving one) and bit of heavy work to the child's joints to promote some release of calming 'serotonin'. Plus it offers a little secure cocoon, once he is up in the chair.

Smell: Even more than touch, the smells and sounds in this environment can be problematic. Smells go directly to the limbic (emotional) centers of the brain and can elicit emotional responses even before the individual consciously registers the smell. In addition, the body can remember sensations that may not register on a conscious level and reactions may ensue that do not make sense to the child or the adult. Children who have had any types of unpleasant medical procedures may react to smells or sounds of medical equipment with a strong withdrawal or 'fight or flight' response and have difficulty modulating this response through reason and preparation. It is similar to the body's response in post traumatic stress syndromes. Children with sensory processing challenges may interpret these sensations as just as threatening without being able to verbalize the reasons, and may also exhibit 'fight or flight' responses. Understanding this phenomenon can help us understand the child's reaction and prepare 'body strategies' to ease it as well.

Essential oils can be used to override the latex glove smells. Have your child smell a variety of these oils ahead of time to determine which ones they find most pleasant, and place a few drops on the gloves (on the wrist part so the child does not get them in their mouth) to be used during their cleanings. This can mask the smell of the rubber gloves. It is also helpful for them to have a small cloth (texture and color of their choosing☺) with several drops of oil on it as well. They can then be 'in control' of the smells for themselves. It is critical that you use therapeutic grade essential oils, as these will be inhaled directly into the nose and may cross the blood brain barrier.

Sound: There are 2 parts to the auditory system. One recognizes and interprets language, and the other localizes environmental sounds and determines their relevance to the individual. Higher frequency sounds such as electric toothbrushes and drills are more difficult to localize...posing a threat, and tend to be the most difficult for some children to tolerate. This explains why some children and teens may enjoy music with a deep bass beat, yet can be tortured by flutes and violins. Allowing the child to listen to music or a video of their choice with ear buds may be helpful to override the higher frequency sound that may trigger the protective responses.

Cognitive and Behavioral Strategies: Social stories can be helpful, and there area also some nice books about visiting the dentist including, The Berenstein Bears Visit the Dentist and Show Me Your Smile: A Visit to the Dentist (Dora Explorer) by Christine Ricci.

There is also a nice DVD video entitled: Pinatta's View – A trip to the Dentist (available from Amazon.com). If your child benefits from prior rehearsal, use the story as a basis to “play dentist” at home several times until your child has an understanding of what will happen when they get to the dentist’s office. Look in their mouth; allow them to look in yours. Trade roles, make the rehearsal fun and playful, and use humor.

Nancy MacLeod, a dental hygienist in Reading, MA suggests that parents tell children they are going to the dentist to allow the dentist to count their teeth and clean their teeth better than they can do at home, but suggests that parent should avoid telling their children “It is not going to hurt”, as children who never even considered that there might be pain then begin to worry. Speak with the dentist and the hygienist ahead of time to share your concerns regarding your child’s sensory processing issues and sensitivities and enlist their cooperation in making the visit as pleasant as possible for your child.

If possible, arrange for a short visit to the dental office ahead of time before the dental exam is scheduled, either at the beginning of the day or the end of the day when there is little activity in the office and when your child can have an opportunity to get used to the sights and sounds, have an opportunity to play in the chair, and have an opportunity to play a little “catch” with an inflated glove..

The hygienist can introduce the mirror first and tell the child she is going to count their teeth and clean their teeth better than they can do at home. She can tap the end of the explorer tool on the child’s fingernail to let the child know what the explorer will feel like inside their mouth. Ask the dental office if you can bring the toothpaste your child uses at home for use during the cleaning in the dental office, so that the smell, taste and feel of the grit are familiar. If you anticipate that the whirring sound of the polisher or the suction device will be over-arousing or unnerving for your child and you have discussed your child’s sensitivities with the hygienist ahead of time, the hygienist may choose to use a regular toothbrush to clean your child’s teeth during the first visit or two and introduce the polisher later by allowing the child to hear the noise the polisher makes and experience the feel of the polisher against the inside of their arm, as a step toward eventually allowing the hygienist to use the polisher inside their mouth. The hygienist can also avoid using the suction device if the loud noise is frightening for your child.

By providing the appropriate sensory preparation activities and working together with the dental staff to insure that your child’s first few visits to the dentist are pleasant, your child’s anxiety and stress for future visits can be reduced. Some children are better able to tolerate the visit if their parent is not in the room with them. Work with the dental staff to “fine tune” the experience for your child. For children who continue to have difficulty accommodating to dental care, it is especially important to provide a diet lower in processed carbohydrates and sugary foods, and increase foods such as apples and carrots which will help to clean tartar from the teeth as the child chews.