Caring For the Oral Health of Individuals With Special Needs: Nonpharmacological Behavior Management

Alicia Risner-Bauman, DDS, FADPD
LECOM School of Dental Medicine
PA Head Start Association
Dental Trade Alliance Foundation Grant

Dental Lifeline Network
More than Dentistry. Life.

Pennsylvania Head Start Association

Hello I'm Dr. Alicia Risner-Bauman. In this webinar we will provide management techniques to overcome resistant and aggressive behaviors. We will also discusses how to incorporate these techniques in the oral care plan. These behavior management techniques can be utilized to make caring for individuals easier not only in the provider office but also at home.

Caring For the Oral Health of Persons With Special Needs

- Alicia Risner-Bauman, DDS, FADPD

- Fellow, Academy of Dentistry for Persons with Disabilities, ABSCDA
- L|E|C|O|M School of Dental Medicine Assistant Professor, Faculty Preceptor
- PA Head Start Association Special Care Dentistry Consultant
- NYS Special Care Dentistry Task Force
- ADA Council on Advocacy for Access and Prevention
- ACHIEVA Task Force on Education
- Pennsylvania Coalition for Oral Health Board of Directors
- PDA Committee on Access to Care
- PA Department of Health: Advisory Health Board

These are some of my affiliations, and as I mentioned before I have treated individuals with special needs for 25 years. Information that I will share in this webinar are tricks of the trade that I have found helpful for managing difficult behaviors. These techniques have been studied and utilized in many fields, and have been particularly helpful for oral care.

Again we would like to thank the trade alliance foundation for their generous grant that has made these webinars possible.

Disclosure

Specialized Care Co, Inc.
Specialized products to facilitate the delivery of oral health services

http://www.specializedcare.com/

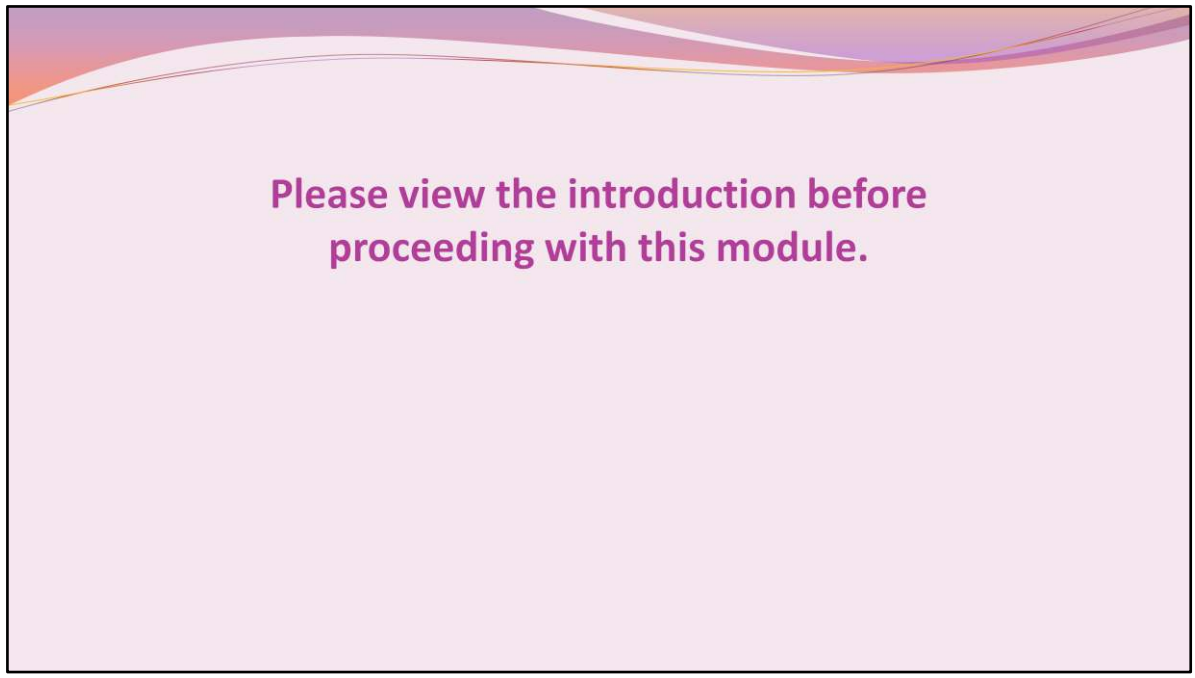
The speaker, Dr. Alicia Risner-Bauman, does not have any financial interests in Specialized Care Company or ARK Therapeutic Services, Inc. or any other products mentioned.

Trade alliance foundation for their generous grant that has made these webinars possible this is again that standard disclosure saying that I have no financial interest in any of the products that I am going to mention please remember that this

ARK Therapeutic Services, Inc.

https://www.arktherapeutic.com/

This is again that standard disclosure saying that I am not making money off of any of the products that I'm going to be sharing with you during these webinars.



This webinar is part of a series of modules that are designed for helping care for the individuals with special needs. Please view the introductory webinar before watching this webinar. It will help make this webinar more understandable and more enjoyable.

Learning Objectives

- Identify common management techniques.
- Describe how to incorporate these techniques into the oral care plan.
- Define how behavior management is needed for overall care in addition to oral care.
- Demonstrate how to share these techniques with others.

Our objectives are to make you more comfortable with certain basic behavior management techniques.

Dealing with resistant behaviors is not only a challenge for the care giver, but is also a challenge for the individuals themselves. They may realize they have a behavior that makes it difficult to take care of them. As they become more anxious that you're not going to be able to overcome the problem and might injure them, it may seem as though they're becoming more and more resistant when they are truly more and more afraid.

Problems Associated with Resistant Behaviors

- The care giver to be unable to see the area they are treating, and therefore inadvertently injure the individual they are caring for.

Toothbrush hitting lingual frenum and floor of mouth

Problem actions can therefore be seen not only for the caregiver but also for the individual. Caregivers and professional staff have to be careful that you are not going to cause someone to be injured inadvertently.

Problems Associated with Resistant Behaviors

- Such behaviors can be interpreted as a patient's right to refuse despite the requirement to provide a certain standard of care.

One of the challenges we often face is that caregivers trying to overcome the obstacles they are facing oftentimes will find care too difficult and give up. They simply say "well they don't want me to do it, and they have a right to refuse." Eventually, as we said in the introduction, that right to refuse can turn into supervised neglect. So my job today is to hopefully teach you some methods you can use so that these resistant behaviors will not be as problematic and we can provide the oral care that people need.

Many caregivers do not understand the importance of oral care and overall health. As providers, our job is to help you to better understand that. Understanding the importance of oral care will motivate care givers and individuals to improve oral care. The individual we're caring for may or may not be able to understand that relationship, but if we can show improvement in health based on an improvement in oral care, hopefully they will become more receptive to the oral care that were trying to provide.

Our goals are to identify limitations that keep us from providing good oral care, and figure out how we can overcome the problems that keep us from being able to provide good oral care, or any care for that matter. Anything that we're trying to accomplish to provide better health for an individual can be made easier with a lot of the techniques that I am going to share with you. So the goals for providing care to an individual with a special need is to identify those things that are causing them to be unable to receive good oral care and to come up with a plan that will help address those challenges.

Goals of Management

- Provide safe environment for patient and care giver.
- Provide adequate vision of and access to the problem area at the office and at home
- Provide effective health care for the individual
- Care giver to reinforce techniques at home to make care in professional settings easier.

We want to make sure that we are going to be safe, to be able to see what we're doing, and be able to do the job we have to do. The plan we create has to be executable not only in the office but also at home.

Behavior Management

- Developed to meet the specific needs of the individual in order to accomplish good overall care.

Why are they behaving this way?

Who is influencing this behavior?

What can be changed to stop the behavior?

Evaluate the size of your box

Get into their box!

We must ask ourselves: how do we get out of our box about how we think things need to be done and how do we get into their box so that we can be able to provide good oral care in a way that can overcome the problems we're facing? Why is the person we're caring for behaving the way that they are? What's influencing this? What can we do to stop it? Are we hurting them? Are they hurting us? Let's take a look at the ways that we can make things easier.

Possible Sources of Resistant Behavior

FEAR

- Fear may be of obvious reasons or subtle reasons harder to identify.
- Fear of harming the patient can often lead to poor oral health care practices.
- Fear pheromones have been identified that trigger responses in the brain associated with fear when inhaled.

*. Lilianne Mujica-Parodi, Stony Brook University of New York State, June, 2008.

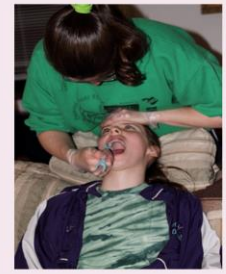
In a sense, fear is contagious. If you are afraid, others can sense it. If others are afraid, you may sense it. When trying to overcome a resistant or aggressive behavior, remember, show no fear. If you are not intimidated, the situation de-escalates.

First off, let's work on creating an environment that works. Not everyone can stand and the sink and clean their teeth. When providing care, make sure that you have the person in a position that you can see. They may need to sit down, or they may need to lay down. When someone lays back, you can see in their mouth more easily. As caregivers and as oral care professionals, we need to keep in mind when working with our patients in the dental chair we generally set them back so that we can see what we're doing. Caregivers need to think about sitting them back so that they can see what they are doing. We talk about providing care from that 9 o'clock to 12 o'clock position when we work in the dental offices. Talk to caregivers about getting behind the patient and providing care from that 9 o'clock to 12 o'clock position. Providing care from the front can be helpful when that's the only direction you can come in, but from behind is really the way they were used to working.

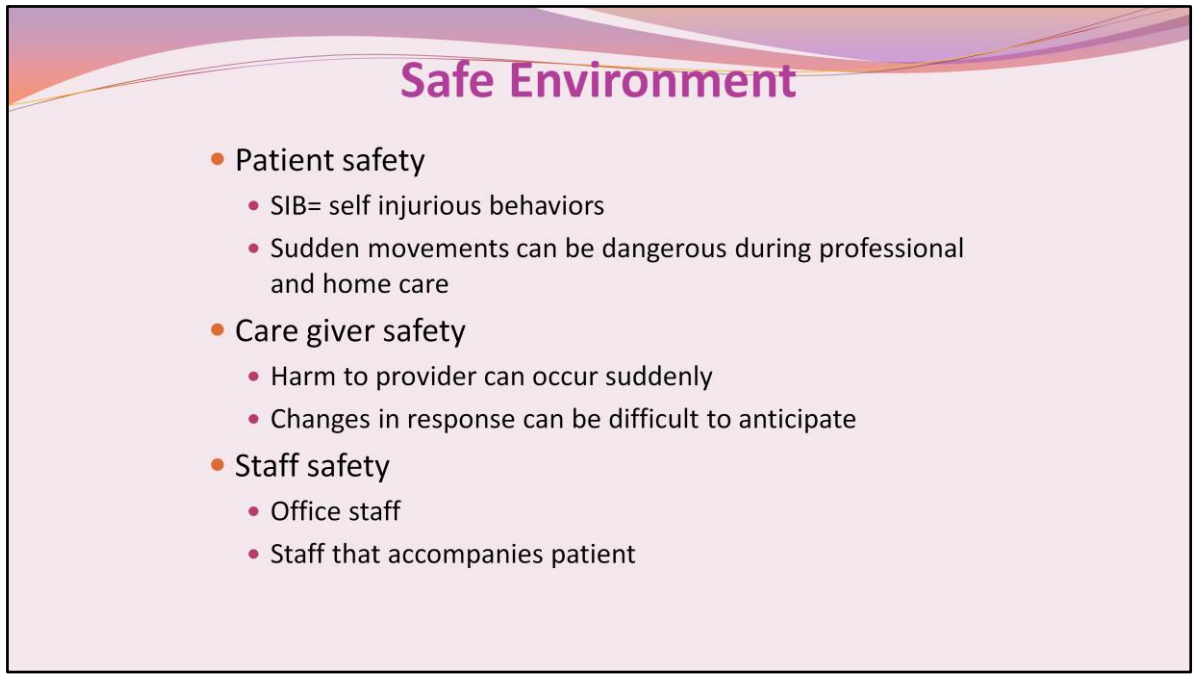
Keep in mind that the location can be any place where that you find comfortable and they find comfortable. I often hear that people enjoy their tubby or their shower. Oral care can be provided at these times as well. Creative compromises can be key to achieving reasonable results.

Location

- Living room or bedroom:
  - Television , music, etc. provide a good distraction for many individuals, can be used to reinforce reaching small goals in plan
  - Think of alternate ways the goal for care can be achieved in the favorable



When working in the living room or bedroom, have your supplies handy and use a cup for spitting. Any place that a person is comfortable and you can gain vision and access is suitable for providing care.



The environment needs to be safe not only for the person we're caring for, but it also needs to remain safe for the person providing the care, the office staff, for the house staff, or the health professionals providing care. If you are aware of something that happens when trying to provide oral care share that information. Part of developing the oral care plan involves discussing what a person does when they start getting upset. For example, they been known to punch at people or push them away. We also need to ask ourselves if I was the person providing care, how would I try to overcome these actions? Oral care professionals need to work with care givers to come up with ways to keep things safe. Remember, the methods we're talking about are not including drugs or the use of pharmacologic agents. Many people will say: well just sedate them or knock them out. You cannot sedate somebody every single day to provide personal care. It is not safe and it's not going to happen. We are focusing more on the things that we can try to do to provide care in any setting with some patience and time working through various types of problems.

We want to be sure that we can see what were doing and that we have access to where were going. You can hurt somebody when you can't see what you're doing, and if you are hurting them such as hitting their tongue or the roof of the mouth, they're going to become more and more resistant to what it is you're trying to do. It is important for all of us to work together to make sure to move someone or position ourselves to be able to see what were doing. We need to be able to perhaps hold the mouth open, move the cheeks out of the way, things to keep everyone safe. Keep in mind that the individual you are providing care for does not want to hurt you, they want to stay safe too. If they find that they cannot control keeping the mouth open and it snaps shut, they might be resistant to having you provide oral care because they don't want to hurt you. Remember it is a two way street. You need to try to sort out what's going on; is it an aggressive behavior, is it a self protective behavior, or is it simply fear.

These are the techniques we will address in this webinar except for the medical immobilization and protective stabilization. MIPS will be addressed in a separate webinar because they are quite a bit more complex. Please take the time to view that webinar as well.

Positioning

- Proper support is necessary for patient comfort and proper provider ergonomics.
- Consider any injuries and/or limitations.
- May have to be creative to gain access and adequate vision.

- http://www.specializedcare.com/shop/pc/Stay-N-Place%C2%AE-Airway-Positioners-c24.htm

Proper positioning is very important not only for the vision and access we just discussed, but also to support the patient and keep them comfortable. When you have person that you're caring for in the dental chair, the patient, you need to keep in mind that they're neck needs to be supported. We have those fully articulating headrests, use them! When the mouth is open, the lower jaw should be parallel to the floor. The chin should not be pointed at the ceiling. Proper positioning will save your back and shoulders. This is also true at home. If you choose the location to be the bed or the couch, when you lay a person back support their head appropriately and be at a level that you're not stooped over or putting yourself in an awkward and uncomfortable position. Here are some good ideas, another's to have the patient or the person you're caring for in a beanbag if necessary. That will provide good support as well as get you to where you need to be.

Tell, Show, Do

- Tell what going to do
- Show what using, allow to touch, hear, etc.,
- Do procedure after clear that they understand if possible to evaluate

Tell show do is a technique that we learned early on in life. We tell someone how to do something, we show them how to do it, and then we do it. When you're talking about dental procedures, you don't want to get too technical. Make sure that you are making your explanation meet the learning level of the person that you are talking to. One trick that I'll share with my oral health providers is that a bur in a slow speed handpiece run backward will not cut. A bur can be bounced on a finger safely this way. Many people have sensory issues so providing that feeling before using the handpiece in the mouth is going to be extremely helpful. This is also true for rotary toothbrushes. Keep language simple and consistent. Do all those things on their finger, on a tray, on the bib, on mom, on dad, on anyone else. Make sure that they understand what you're talking about and then do the procedure. As you are doing the procedure continue to use the same explanations using the same words that you used when you are telling and showing. It becomes confusing if you're not using the same language for each step along the way. Many time they will start to hold their finger out whenever they see something new so you can show them, a reminder to you to show them first.

For example: We're going to fix the hole in your tooth and put in a silver star. First we're going to clean out the sugarbugs with our little spinning tooth brush. Then we are going to give it a power wash with our super soaker. Mr. sucky here will suck up all the water and sugar bugs. Then we will squish in and tap down our silver star and shine it

up. We will show you how it sparkles when we are all finished.

Positive Reinforcement

- A behavior is followed by the presentation of an desired stimulus, increasing the probability of that behavior
- Can be part of each step
- More effective than negative
- Reinforcement
- Patient must understand
- Value of reward

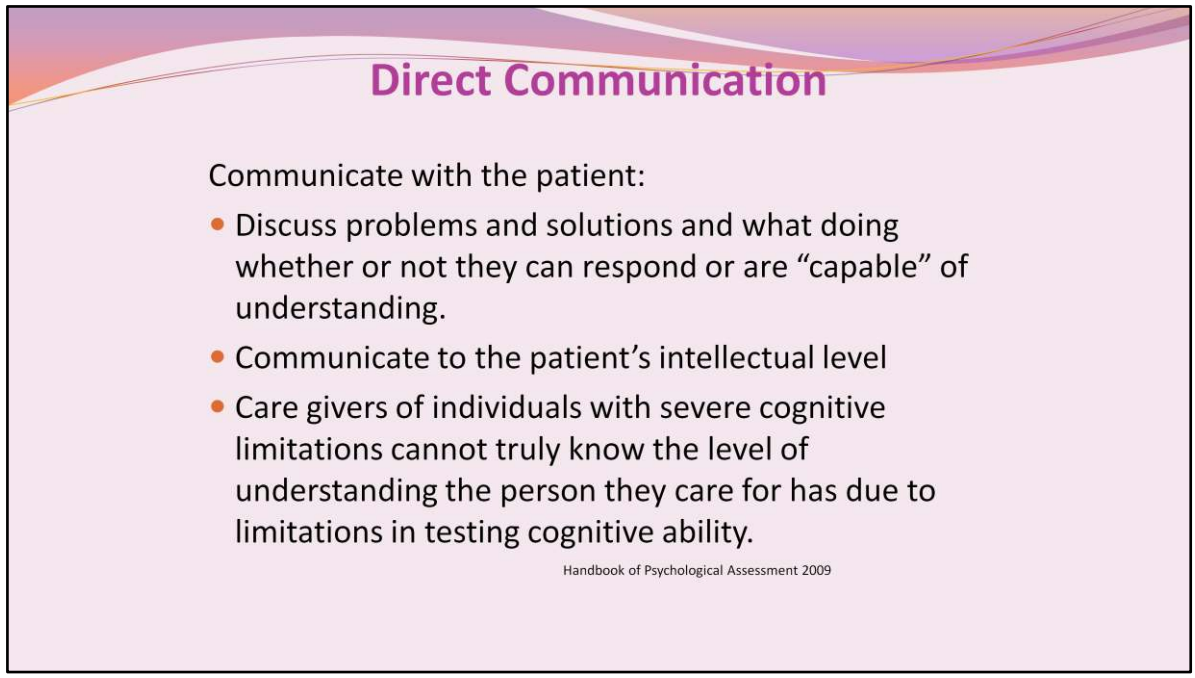
www.psychestudy.com

Positive reinforcement, rewarding behaviors that lead to the goal that you are trying to achieve has been shown to be much more successful in controlling behavior than negative reinforcement, removing a negative stimulus when a desired behavior is achieved. If a person opens their mouth when asked, rewarding that action will be more effective than giving negative feedback when they do not open their mouth. Also, keep in mind to what type of reinforcement you're offering. Unfortunately, many of the individuals with special needs are being offered pop, or coffee, or candy, or something similar when they do something that they're supposed to do. If that's the daily routine for accomplishing tasks, that may be a big problem when it comes to their oral care. Talk to staff and caregivers about what types of rewards are being used. If you're a parent and you have an individual in a group home setting, ask how that is being handled. If it's something you know might be affecting their overall health or oral health, talk to the healthcare providers about it. A more beneficial, healthful plan can be put into place once everyone is aware of the situation. This (watch) was just my way of saying sometimes offering more time doing favorite activities or (pets) sometimes offering more time with the pets will work. These reward can be very helpful so long as everybody values the reward that is being offered.

Reinforcement

- Utilization at home or school improves familiarity and can be used in office as well
- Behavior modification can be included in healthcare plan and utilized with other daily living skills.

Reinforcement also occurs when utilizing techniques for more than one thing. When a person is taught a technique that works in one environment, repeating it in other environments with numerous tasks reinforces that method of behavior modification. The modification becomes habit. For example, toothbrushing techniques can be used for oral care at the dentist as well. Share the technique with all of a person's caregivers. Talk to the people that are responsible for the care of the individual, and make sure everyone is on the same page. Something that can be used to entice cooperation among numerous care givers is the fact that when someone gets into a routine and has a healthy mouth they going to feel better, they're going to behave better, they're going to cooperate better. Many techniques can be used for tasks such as brushing the hair, or clipping the nails, staying in their seat. Routine should be reinforced in all care settings with all care givers.



Direct communication seems simple but it's very often overlooked. As we mentioned in our medical management webinar, we would like to discuss things with the individual and then get our answers from another person if the individual we are caring for cannot answer. Let me give you an example: I had a patient who came in who had a reputation for being extremely aggressive against staff people, her own parents, and other healthcare providers. Everyone that cared for her had given up on her. I was warned that every other dentist who tried to take care of her said she would have to go to the OR for evaluation and treatment. I noticed that everybody who came in with her was exhibiting fear that she might hurt them or us. I chose to not be afraid of her and to speak to her directly and politely while looking her right in the eye. With this approach and simple directions, she was very cooperative. Needless to say, staff was shocked. Now, she maintained an aggressive look, but did not exhibit any aggressive behavior.

Communication

Eye contact:

- Direct eye contact indicates you are addressing the patient and listening to the patient
- Individuals may have aversion to eye contact, if avoiding check with care giver if is normal response

You need to keep in mind that sometimes eye contact is taken as offensive from a cultural standpoint, or due to emotional or medical conditions. Averting the eyes can also be indicative of fear. Keep in mind too that individuals with autism very often have an eye avoidance behavior. Oftentimes if you say “look at me” they will very briefly. It is best to try but do not push it. It can cause an increase in anxiety.

Communication

Body Language:

- Open body language
- Positive gesturing
- Gentle touch if pt. not aversive to touch

Keep your body language in mind. We know open body language means hands part, were not in a threatening or negative position, arms crossed over. You want to use a nice gentle touch.

Now this is where I would like you all to try something. What I'm doing here is not grabbing on to his ears. Take your fingers and massage your earlobes. Massaging your earlobes is a very relaxing thing. So while you're talking to the caregiver in the room, or before you're getting ready to provide oral care for somebody, if you have them laying back and you massage there earlobes it is relaxing, its anxiety releasing, and it helps to just make the whole situation a little more calm before you then take on the task at hand.

When communicating, it's very important to remember that we're going to be asking a lot of questions. Use a communication level they can understand. Don't ask a question that can have an answer that you don't want to hear. If you want the answer to be yes, then don't ask a question that can be answered no. How does that work? Ask the question that is going to achieve the behavior you want, such as will you sit in the chair facing this way or is it easier to face that way? Would you like to brush your teeth with the red toothbrush or the blue tooth brush? Sometimes you have to educate caregivers to avoid pitfalls during care. They often will state: “Honey, will you please open your mouth for the dentist? Answer, NO!

Very often the staff person or the parents want to answer questions for you that you are asking the individual. Sometimes too many people trying to lead the conversation or run how things are going can also cause confusion, and it will be too disruptive. To help make it a successful session, determine ahead of time who is going to lead the discussion. Decide if you prefer to be the person asking the questions whether the person can respond or not, to ask them and then turn to the other person for the answer. Make it clear before starting any care session who will guide the conversation and when others ned to become involved.

Decision making

- The process of choosing between alternatives; selecting or rejecting available options.
- Choices should be limited
- Choices should not include not doing desired actions

What color toothbrush should we use?

Decision-making. Giving choices make people not only feel as though they're participating, but it also makes them feel like they have a little bit of control. You want to only give choices that lead to a positive action. Giving too many choices can also cause unnecessary delays.

Shaping by Successive Approximations

- A behavioral method that reinforces responses that successively approximate and ultimately match the desired response.
  - Occupational therapists can be utilized for this with home skills.
  - Auxiliaries can work with patient until goal is reached.
  - Rewarding each step that will eventually lead to the desired goal.

Shaping by successive approximation uses positive reinforcement to reward actions that lead to an ultimate goal. You can utilize occupational therapists, nurses and auxiliary staff to work on each step toward the ultimate goal. They can take that time to get the goal accomplished, even if it's just a baby step at a time. For example, we had a 30 year old woman who had not had her teeth brushed since entering a facility due to an inability to open her mouth for anything other than food. When we managed to get her mouth open to see what her oral condition using a spoon, the nursing staff helped us to develop a plan for oral care. They had to start by just brushing her cheek with the toothbrush, getting her used to that feeling. Then rubbing the toothbrush against her lips, getting her is to that feeling. Then squishing that toothbrush between the lips and touching the teeth, getting her used for that feeling. Each of those steps required hours and hours of work. That is successive approximations, step by step until you reach the final goal.

Shaping by Successive Approximations

- Held light alone
- Hand over hand with provider not during procedure and during procedure
- Allowed provider alone when needed

A good example of successive approximation is shown here using my light. This can be a toothbrush or flosser as well. Start by letting the individual hold something by themselves. The first goal is that they can tolerate just being around the item by letting them hold it and feel it, maybe even place it in their mouth themselves. The next goal is to let me help them put the item in their mouth using hand over hand, my hand guiding their hand. As you can see here, my hand is guiding her and to do what it is her hands need to do be doing. Next step now, I'm holding it while she is the helper "guiding" me. I am doing what I need to do, but often she's holding my hand. So we go from my hand over her hand to her hand over my hand. Eventually she allows me to work alone, the final goal. This technique works for any personal hygiene that may need to be accomplished, and is extremely helpful in professional settings where all the instruments may need to be introduced in this manner. This can be done with auxiliary staff before the appointment starts, or as a separate appointment to prepare the individual for care. Sometimes showing care giver's this technique and sending the items home for shaping sessions is useful as well. I used to do this with intraoral films.

Distractions

- Using the environment to redirect the patient's attention from procedure
- Discuss with care giver before appointment
- Can be called comfort items or distractors

Distractions are those things that put someone's attention elsewhere. In the previous picture, you saw her holding the mirror. I don't know why, but many times having an individual hold a mirror and watch what you're doing is extremely helpful. When you're having challenges with brushing teeth, ask if they would like to watch while you do it. Also, when they're holding the mirror, one hand is now occupied and not trying to do something negative like pushing you or pushing at the toothbrush. Distractions also can be watching television, listening to the radio. If someone is always cooperative when watching television, then brush the teeth during commercials right there in the place where they are watching TV using a cup. You can alternate the tasks during each break, letting them chose top vs. bottom teeth, etc. Also, most TVs have a remote control. When they're being helpful, the TV is on and they can watch TV while you're doing what it is you need to do. When they're not being cooperative, you can turn the television off. There goes their distraction. Once they are cooperative, the distraction comes back. Blindfolds are useful for people who just don't want to see what's going on. They are also helpful for that person who is always looking around to see what you are going to do, or the person complaining about the overhead light. Another trick I share with my oral health professionals is when you're going to give an injection, shine the light right in their eyes which will cause them to close their eyes. If you have good technique, they may never know they received a "shot". By the way, don't say shot in front of your

individuals, no one is fond of them. Squirt, place, push some sleepy juice in there so your tooth will sleep and wake up later.

Gagging

- Gagging can be an avoidance behavior
- Gagging can indicate problems with oral "invasion"
- Distraction can help when psych related
- Numbing agents can help when is due to true stimulation of tongue
- Acupuncture/acupressure can control during procedures
- Inserting materials front to back to mimic flow of food can limit

Gagging is something we face constantly and it can very often cause problems with good oral care at home. Anytime the tongue is stimulated at just the right place it can cause a gag response. You can have someone suck on a sugar-free lozenge for a sore throat before they start an oral task, or gargle with a numbing agent. Dental offices also have numbing sprays that can be used. My favorite is to use acupressure. The acupressure/acupuncture spot for gagging is right here. Have the person bend their hand at the wrist toward the forearm. Using two fingers from the opposite hand, measure from the bend in the wrist two fingers width. The spot just past those two fingers is the acupressure point for gagging. When pressure is applied there it helps to stop the gagging. You may be skeptical, but I have grabbed individual's arms in the middle of an impression when they start to gag and been able to stop that gag mid impression. Try it yourself, it works.

For individuals who report a strong gag response, ask if they gag when they eat. Chances are the answer will be no. By continually going from the front of the mouth towards the back of the mouth you will mimic the flow of food, a positive sensation, and be less likely to trigger a negative sensation.

Sequential Desensitization

- Dividing procedures into pieces and conquering each one separately. Methodical introduction of stimuli to accomplish final goal.

1. Brushing by quadrant or arch
2. Flossing one tooth, then adding more teeth each session
3. Maintaining a tracking sheet is helpful

Sequential desensitization is dividing and conquering. Often people can only tolerate care for short periods of time or their attention span is such that they can only handle tasks in short little spurts. This is also a better way to introduce new actions. For example, flossing the entire mouth as at one sitting may be more that the individual or care giver can handle. By flossing two teeth at a time and then taking a break, cooperation can be improved. When using sequential desensitization, you also want to make sure to keep track of what you're doing. If only five teeth get flossed at each care session, tracking which five helps to avoid repeating the same five at the next session. Track until all are done over time. Sometimes you need to create a little chart so that everyone who is providing care knows what's already been done and what needs to still be done. This same chart can then be used for rewards as it is filled in as well. Very often the mouth is divided into quadrants or fourths, UL, UR, LL, LR. Sequential desensitization is also introducing one item at a time. Be methodical and create pieces. Again, this can be utilized by a speech therapist, patient therapist, nurse, a hygienist, or dental assistant. Everyone can work to develop the plan and goals, and track progress and achievements.

The determined technique is a different type of sequential tasking that combines several things we previously discussed. It works by specifying the task to completed during a defined amount of time, guaranteeing a break after that time period has expired. I have used this for individuals with numerous intellectual limitations, young children, and especially for individuals on the autism spectrum. This is also extremely helpful for individuals who rock. Here is an example of how to use this technique to brush someone's teeth: we're going to brush for a count to five, then we will give you a break so you can close and take a break for five. Open, count one, two, three, four, five while brushing one quadrant, then come out and let them spit and take a break. Then go again, counting, and stopping. It is knowing that a break is coming when they know they need a break that makes this method so successful. This is dividing and conquering for a set length of time then giving a break. I have had caregivers return being able to do all sorts of tasks using this method. Introduce this tool and ask them to use it for every task they have so that it will become routine. Providers can then build on this during care in professional settings as well.

Modeling

- Showing what doing in different setting or on different subject

Modeling is showing what it is you want someone to do on another object or person. Many offices will have puppets available to help you show things. Stuffed animals can be helpful, or modeling using something the individual finds dear to them. Show them what it is that you need them to do to be successful. Then have them investigate the item and see that nothing was hurt. When they see that you can do something with their precious item and not hurt it, it reinforces that you are probably not going to hurt them either.

Perceived Control

- The belief that one has the ability to make a difference in the course or the consequences of some event or experience; often helpful in dealing with stressors .
- Giving control back to the patient over what their fear or anxiety factors may be.

- Logan, H., Risner, A., Muller, P. "Anticipatory Stress Reduction Among Mixed Pain Patients. " Special Care in Dentistry. Vol. 116, No. 1, pg. 1-7, 1996

I studied perceived control and pain measures when I was in dental school. Essentially, people who have a high need for control and perceive that they have a high level of control experience less chronic pain. People also have a higher level of fear when they become anxious. If the anxiety is due to feeling out of control, fear can be reduced by returning control. The key is to give back control in a way that is going to be positive to what it is you're trying to accomplish. Telling someone to raise their hand if they need a break is a way of giving control. Most of us have tried this, and usually the person will test it out to see if you really mean it. Letting someone who stops constantly to clear the water in their mouth hold the saliva ejector can give them the feeling that they can control the water filling their mouth and make them feel less like they are choking. Giving control can be as simple as letting a person have a choice. When they choose, they controlled the situation to a certain extent.

Addressing Resistance due to Frustration

- Occupational and physical therapist, speech therapists, auxiliary personnel can be utilized for sensory stimulation and acceptance of health care aids.
- Break session into sections.
- Keep record of achievements for reinforcement and reporting back to the professionals.
- The D-Termined Method

Resistance caused by frustration can be harder to identify then some of the other situations we discussed so far. If the person we are caring for is frustrated by our efforts, they will become more resistant to care. For example, if you are hurting them in the process of caring for them. Taking them away from a favorable activity to go do oral care will usually backfire. Time care sessions for times when they are not other activities going on that they would rather be doing. We had this problem we had too many toys in the waiting room. When we would get a child for their appointment they would start to pitch a fit. The impression was they did not want to do whatever we were going to do, but in reality we were taking them away from play time!

Behavior Management Techniques

Scaling no problem at sink

Doesn't like sound of machine

Polishing in mouth for five count

Break time to spit into sink

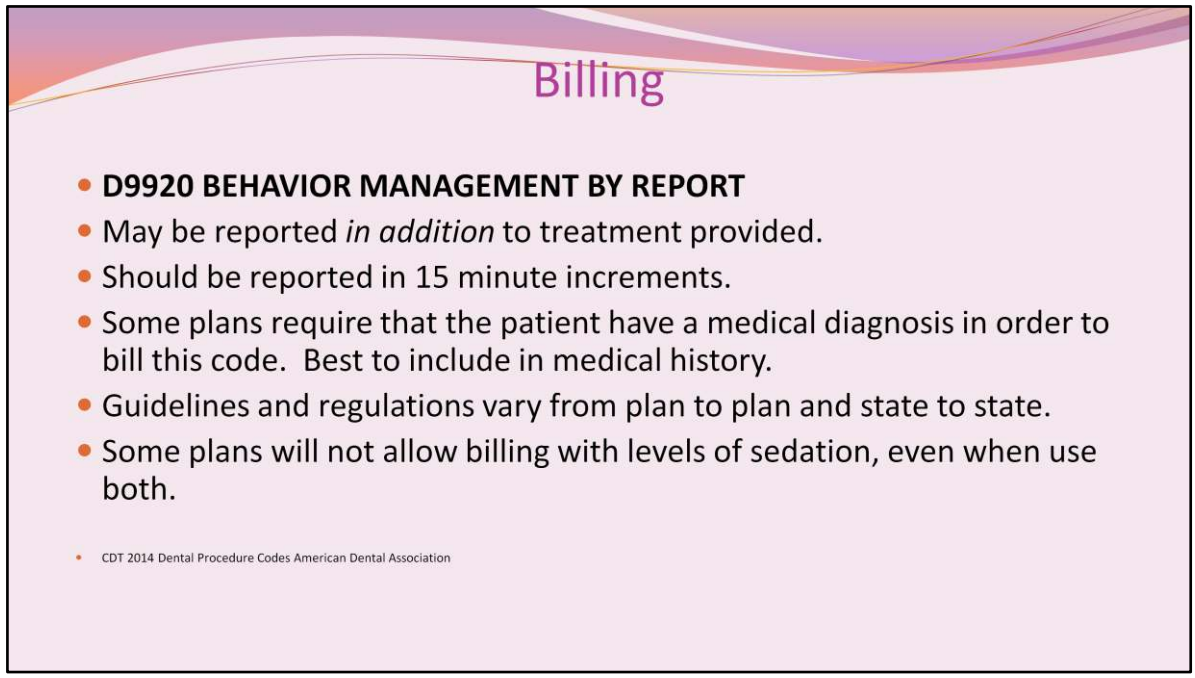
Here is a good example of many techniques altogether tell the story of Sue.

1. Wouldn't come in…meet and greet showed around.
2. Wouldn't sit in chair, asked why, do at sink.
3. Had to tell, show, do.
4. Count and break desens.
5. Would set her stuff up from try to counter, some bartering occurred. Extra so felt she picked but we did not even need.
6. Eventually wanted job.

Proper Documentation

- Must document:
- Consent
- all methods tried day of treatment and previously
- duration of intervention
- number and length of breaks
  - May be summarized as "with numerous breaks"
- success of measure
  - If treatment was completed
  - How intervention was tolerated by patient
- Always document who was present or assisted with intervention
- what next for behavior management (same?)

It is important when utilizing these different techniques to keep a record of the achievements that you get each time a little goal is reached. Reward it and mark it down. Share each achievement with the caregivers who are helping you devise a plan. Be sure that the people who are helping you develop the plan keep track of whether something worked for a while and then stopped working. See if you all can identify what may have happened and address that concern. Care givers should write down and report back to the professionals what level of success they are having with modifications. Set goals for care that will equate to when the person should return for professional services. Make it clear what goals need to be reached before professional care can continue, arranging appointments according to achievements. Keep communications open between home and office and all involved in planning care.



When you have to do one-on-one training with the caregiver in order to get the plan established and workable there are now codes available to pay for that time. There are also codes that can be used for auxiliary staff under the direct supervision of the professional. If you need to create an appointment to simply work with the caregiver and reinforce the behavior plan there are now codes available that you can use to bill for that time. Check out the new CPT codes and keep up with what code you may be able to use in order to be reimbursed for that time. Remember that auxiliary staff, community dental health coordinators, dental assistants, nurse, occupational therapists, speech therapists and house staff can be utilized to help create the plan. You may need to have some time in the office working with the professional in order to create a usable plan.

When you are making a plan, remember management is going to happen at all different levels of care. If you are motivated enough to take care of somebody, they can get motivated enough to help you take care of them. Working together, everyone can create a successful oral care plan. As I often say, think outside of your box and get inside theirs!

Questions?

Dr. Alicia Risner-Bauman
LECOM SCHOOL OF DENTAL MEDICINE
ERIE OUTREACH CLINIC
2000 West Grandview Blvd, Erie, PA
814-868-1057
arisner-bauman@lecom.edu
arbdds@gmail.com

THANK YOU

Pennsylvania Head Start Association

Dental Lifeline Network.
More than Dentistry. Life.

Again, we wish to thank the Dental Trade Alliance Foundation and the Dental Lifeline Network for the grant that supported this presentation. Please contact me via email if you have any questions or concerns regarding this presentation. We hope you enjoy the remaining webinars in your module. Thank you for your participation.