Challenging Behaviors and Oral Health

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DISCLOSURE
I declare that neither I, or my immediate family, have a financial interest or other relationship with any manufacturer/s of a commercial product/s or service/s which may be discussed at the conference.

OBJECTIVES
- To understand the many ways poor oral health can create challenging behaviors in people with intellectual and developmental disabilities.
- To demonstrate behavior management techniques that can help overcome challenging behaviors in people with intellectual and developmental disabilities.
- Discuss the Ready, Set, Smile Program of the Dupage County Health Department
Self Injurious Behaviors

- A class of behaviors, often highly repetitive and rhythmic, that result in physical harm to the individual displaying the behavior
- Occur without an apparent intent of willful self-harm

Etiologies

- Environment
- Positive Reinforcement
- Negative Reinforcement
- Self-Stimulation
- Functional Communication
- Neurochemical
- Inflammation

Physiological Reasons for Self-Injurious Behavior

- Biochemical
- Seizures
- Genetic
- Pain
- Sensory
- Frustration

Social Causes

- Communication
- Social attention
- Obtain tangibles
Neurobiologically Driven Behaviors

Prevalence Estimates

- Individuals who engage in SIB are significantly more likely to be non-verbal
- 6 to 22% in an institutionalized population
- 4 to 12% in individuals with intellectual disability
- 33 to 71% in autism spectrum disorders
- People with autism more frequently engage in self-biting when compared to other developmental disorders
- Sleep disturbance is a known precipitant of SIB in ASD

SELF INJURIOUS BEHAVIOURS IN AUTISM:

What are the issues and what should we do about them?

By Dr. Lorraine Amel DEA, DiplBactech, D Phil
Conclusion I

• The case studies presented suggest that SIB, characterised by a sudden occurrence of behaviour and absence of identifiable triggers likely correlates with pain.

• Clinical investigations of these children combined with a functional behavioural analysis indicate that inflammatory gastro-intestinal dysregulations could be related to their pain and self injurious behaviour.
Conclusion II

• Larger group analysis suggest that no particular biomedical marker is specifically associated with SIB, however, immune dysfunction appears to be more prevalent in this sub-group of ASD children.

• Successful interventions require to go beyond the basic nutritional and dietary interventions and should include an anti-inflammatory element.

• The source of inflammation should ultimately be identified for a sustained recovery from SIB and pain.

Conclusion III

• Any health deterioration can potentially precipitate the reoccurrence of SIB, even if there is no direct impact on the GI system in children with known GI inflammation and SIB.

• Teaching alternative modes of communication is essential to replace SIB in children who have learned to use such behaviour to communicate their needs.

Hand Mouthing

• 7 to 16% of individuals with severe to profound developmental disabilities
• Individuals with handmouthing exhibited more GERD
SIB in the Dental Literature

• Oral Self-Injurious Behaviors in Patients with Developmental Disabilities


SIB in the Dental Literature

Medications
- Naltrexone
- Valproic Acid
- Carbamazepine
- Lithium
- Risperidone
- SSRI’s
- Haldol
- Geodon
**Case Study: 45 year old man**
- Autism, non-verbal
- Long history of intermittent SIB
- Recently he had begun biting his arms
- Staff noted a foul odor emanating from his mouth
- Brought in for a dental exam

**Case Study: 28 year old woman**
- Cerebral palsy, non-verbal
- Recently began hair pulling
- Coincidentally an upper 2nd molar fractured, requiring extraction
- Hair pulling stopped
- Two years later a second incidence of hair pulling
- Inflammed / Infected gingival tissues
- Debridement of plaque and calculus
- Two week follow-up, hair pulling stopped

**Case Study: 35 year old man**
- Autism, non-verbal
- Displaying extremely aggressive and SIB
- Sequestered in a separate room
- Foul odor caused staff to bring him for a dental exam
- Initial exam in the parking lot
- Disruptive behavior in the hospital
- Following treatment “Michael is a big teddy bear”
Case Study: 10 year old boy

- Autism, minimally verbal
- Handmouthing
- Frequent tantrums, crashing his body in the wall
- Most recently saying “teeth”
- An oral swelling brought him in for a dental exam
- Following dental treatment in the hospital, the behaviors stopped

The successful dental team will

- respect the patient’s dignity.
- take the appropriate amount of time.
- be calm, confident and consistent.
- become familiar to the patient.
**Protective Stabilization - Indications**

- A patient who requires diagnosis or treatment and cannot cooperate because of lack of maturity
- A patient who requires diagnosis or treatment and cannot cooperate because of mental or physical disabilities
- When other behavior management techniques have failed
- When the safety of the patient or practitioner would be at risk without the protective use of restraint

**State Regulations**
http://www.nasddds.org/RestrictiveProcedures/Index.shtml

**Consent for Medical Immobilization**

- Staff employing supportive measures – hand holding, body control
- Head Stabilization
- Positioning Devices – foam wedges, towels, blankets, pillows
- Mouth Props
- Body Wrap – papoose, rainbow wrap
- Pharmacologic restraint

**Guideline on Protective Stabilization for Pediatric Dental Patients**

**Purpose**

The purpose of this guideline is to ensure the provision of dental care to children with special medical needs in a manner that respects their rights and meets their needs. The guideline is based on the principles of the American Dental Association and the American Academy of Pediatrics.
Educational Rights and Oral Hygiene

- Parents need to understand and know their rights under the Individuals with Disabilities Education Act (IDEA)
- Oral hygiene instruction can be part of the child’s Individualized Education Program (IEP)
- The NEED resulting from the child’s unusual responses to sensory experiences
- Make the recommendation GOAL oriented so that progress can be measured
Training Session Summary 2014, 2015

- 7 Educational/Didactic Sessions
  - attended by 465 Health Professionals
- 15 Clinical Training Sessions Dates
  - 122 Dental Health Professionals received training
  - (80 dentists/dental hygienists or dental assistants and 42 dental students from Midwestern and UIC)
- 235 Children with Special Healthcare Needs received dental treatment at the 15 Clinical Training Sessions.
  - These children received 686 dental procedures
  - Value of these dental procedures was $16,831 Medicaid fees
  - Some of the Special healthcare needs included – autism, cerebral palsy, Downs Syndrome & genetic syndromes
- General Anesthesia in the operating room
  - 15 students attended a total of 35 patient admissions

2016 Thru October 1

- 10 clinical training sessions where 152 patients were seen
- These patients received 490 procedures valued at $10,863.77 (based on Medicaid reimbursement rates)
- 39 Oral Health Professionals were trained (including dentists, hygienists and dental students)
- Lecture presentation at the Chicago Dental Society Midwinter Meeting in February