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# RAISING EXPECTATIONS

As part of our year-long campaign on access-to-care issues involving children, here's a profile of one doctor whose personal experiences in dealing with a child with special needs has taught her a whole new way to practice.

By Stan Goff

“Oh my God, there’s somebody that can actually help my child.” Those words were spoken by Heidi Roger, a New Jersey mother who finally found a dentist who had what it takes to treat her autistic son Andrew. Past trips to the dentist were so “horrible” that Heidi stopped taking her son for a few years. The risk of decay or other oral issues could not possibly be as bad as watching her child held down by multiple adults while the doctor tried to examine Andrew’s teeth.

“It always was very difficult,” Heidi said. “The dentist wouldn’t be mean and he’d try to go slowly and talk about the mirror, but when he held up the explorer Andrew just started trying to get out of the chair. Then it was a big pin down. Three or four adults trying to hold this kid who’s pretty strong and scared. It was just horrible.”

But part of Heidi’s New Year’s resolution this year was to get Andrew – now 12 – back to the dentist and to find someone who could work well with special needs patients.

Dr. Purnima Hernandez, whose Bergen Pediatric Dentistry office is located in Fair Lawn, N.J., knew just what the Rogers were going through. Dr. Hernandez, whose own son was born with autism as well as other health issues, stopped practicing

Photos: Lynette Shavel

“OH MY GOD, THERE’S SOMEBODY THAT CAN ACTUALLY HELP MY CHILD.”

dentistry a few years ago so that she could take care of her son Naryan, now 9.

“Within a year after his birth I knew that in order to give him my best and appropriate care, I would need to give up dentistry all together,” she said. “I became his full-time life manager. Over 5 years I learned a great deal about the disability world.”

The Centers for Disease Control and Prevention has a Web site with information on autism ([www.cdc.gov/autism](http://www.cdc.gov/autism)) as well as one for its public awareness campaign titled “Learn the Signs. Act Early” ([www.cdc.gov/actearly](http://www.cdc.gov/actearly)).

Dr. Hernandez educated herself in several areas of therapies including speech, occupational and physical, and also trained in the behavioral sciences as applied to the education of children with disabilities. To become an effective advocate for Naryan, she also educated herself in areas of New Jersey special education law and health insurance regulations.

But Dr. Hernandez was not intent on just learning ways to help her own child. She returned to practicing dentistry about four years ago, serving on the Cranio-Facial team at St. Joseph’s Hospital Medical Center in Paterson, N.J., as well as her private practice.

“Being on the (hospital) team most of the patients I served were children with special care needs,” she said. “With many of the special care needs children I found myself to successfully incorporate many strategies from the knowledge I had gained through my self studies outside of dentistry. I realized that I not only understood their disease, but also having lived their lives gave me the advantage of understanding the families and their social issues.”

Now Dr. Hernandez uses her ex-

perience and education to treat children with special needs in her practice, but also lectures on the topics to try and get as many dentists involved. Education and patience are critical, and Dr. Hernandez has plenty of both. She also does not tackle these situations alone. Her staff is trained to answer the many questions parents and patients have in regards to special needs, and her assistants are key components to the special care.

Additionally, she has worked closely with Zach Ikkanda, a board certified associate behavior analyst.



Dr. Purnima Hernandez in her pediatric practice.

Ikkanda, who develops home programs and consults with schools in order to help eliminate problem behaviors and to create elective learning environments, notes that many of these same strategies work well in dental practices serving patients with special needs.

“It is quite common for children with autism and other special needs to have a fear of not only going to the dentist, but a fear of new environ-

ments in general,” he said. “In children with behavioral disorders, this aversion can manifest itself in a number of challenging ways: self-injurious behavior, aggression towards others, and tantruming to name few. Dr. Hernandez’s practice is quite groundbreaking in that she has accounted for these challenges by using the principles of Applied Behavior Analysis (ABA) to develop methods which ‘reinforce’ or strengthen appropriate behaviors and reduce problematic behavior.”

Dr. Hernandez effectively uses ABA and it’s principles to help patients and to develop effective treatment procedures. Many of the children in her practice are children on the Autism Spectrum Disorder, and therefore are accustomed to ABA training. “At the heart of these processes is the idea of ‘pairing’ or making one’s self a valuable and rewarding component of another’s environment,” Zikkanda said. “Dr. Hernandez takes the time to do things like hand over a favorite toy, present the child with their favorite video, play with them, as well as letting the children interact with the dental instruments at their own pace. Through this process, Dr. Hernandez, as well as the dental practice, signal a rewarding set of conditions rather than aversive ones, which is often the case.”

Zikkanda said Dr Hernandez’s effective results come from her years of training and education in the areas of ABA, and adds that it is “extremely important for dentists to educate themselves before they utilize these procedures to ensure best practice and effectiveness.”

She shares some of these strategies

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For Heidi, the fact that Dr. Hernandez goes the extra mile to treat children who others may find too difficult, is a wonderful thing.

"She's willing to have parents come in as many times as needed just to look and go so the kid can get acclimated," she said. "There's even a separate room where there is no dental chair, just a cushion seat for the kids to bounce on. She got down on the floor and knelt down and had Andrew touch her hands to desensitize him to the latex gloves."

Heidi likened the experience to many that her son has had with teachers over the years. "She operates with the same reward system that many of his teachers did, so it was very very comfortable for him," she said, recalling that it was amazing to see Andrew allow her to take a full set of x-rays while he was being rewarded with his favorite video.

"It was a tremendous experience, and I knew that she wasn't going to operate under the concept of let's just hold him down and get it done. I left there and I was on a high," she said.

"It's a lot of extra work and it's just wonderful that somebody wants to do that and they're willing to do that because they know how much we need it. With the number of autistic and other disabled kids that there are out there now this is really necessary and really helps a lot of families."

Teresa Shapiro, the mother of 2-year-old twins with special care needs, also is sold on Dr. Hernandez and her staff.

"Dr. Hernandez and the people who work with her in her practice, her assistants as well as the other people who are there in the office, really make it very evident that they're working with the whole child," Teresa said. "Obviously she's a pediatric dentist and her focus is teeth, and that's why you're there. But they ask about behavior issues and if the kids are afraid of music, bright lights, or things like that."

"It just really struck me that we were very fortunate to have found her right at the beginning of seeking dental treatment for our kids. It was my impression that people probably go through—especially people whose children have special needs, behav-

Comfortable chairs, toys and TV can help children feel relaxed prior to heading to the treatment room. Additionally, Dr. Hernandez introduces dental instruments to kids prior to being used.

ioral needs in particular—might go through several dentists before finding somebody who would be accommodating and who's willing to go that extra distance and make accommodations to suit whatever the child's needs are."

Dr. Hernandez, who lectured in November at the Symposium on Lifetime Oral Health Care for Patients with Special Needs in Chicago, wants it known that dentists should and can treat kids with special needs.

"Treating children with developmental disabilities such as behavioral and those with cognitive impairment poses a challenge," she said. "But Over time I am starting to see a pattern in my protocols that seem effective with such children. However we must remember that each child is unique. The key to treat that child is to identify how he/she learns best. It is imperative that the children start to get trained in their early years so that the simple cleanings become routine as bathing or eating or drinking in their lives."

"It is my goal to share my ideas and newly gained knowledge to help my fellow dentists find better and more efficient ways to treat children with special care needs, especially those with developmental disabilities."

DPR

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## Web resources

These resources can help GPs learn more about children and disabilities:

### How to address people with disabilities

#### Person First language:

[www.autism-mi.org/aboutautism/Teacher-Tools12-04.html](http://www.autism-mi.org/aboutautism/Teacher-Tools12-04.html)

### Sensory

#### Sensory Integration:

[www.thegraycenter.org/sensoryinfo.cfm](http://www.thegraycenter.org/sensoryinfo.cfm)

#### Essay by Temple Grandin:

[www.autisme.net/tpl-uk1.html](http://www.autisme.net/tpl-uk1.html)

### Behavior Modification

#### Journal of Applied Behavior Analysis:

[seab.envmed.rochester.edu/jaba/](http://seab.envmed.rochester.edu/jaba/)

#### Understanding Behavior:

[www.behavior.org/index.cfm](http://www.behavior.org/index.cfm)

### Therapies

#### OT Association:

[www.aota.org/index.asp](http://www.aota.org/index.asp)

#### Oral motor therapies:

[www.beckmanoralmotor.com/about.htm](http://www.beckmanoralmotor.com/about.htm)

### Understanding Autism

#### Radio-discussions around Autism:

[www.autismone.org/radio/](http://www.autismone.org/radio/)

### Special Care Dental Resources

#### Special Care resources:

[www.nidcr.nih.gov/HealthInformation/SpecialCareResources/default.htm](http://www.nidcr.nih.gov/HealthInformation/SpecialCareResources/default.htm)

[www.scdonline.org/](http://www.scdonline.org/)

# CARE STRATEGIES

**For many children** with special needs a dental visit may be an extremely difficult experience just like getting a hair cut. There is no magic formula to treat children and those with special needs. Patience, energy and passion are a must. This is no special program or technique, but following some of the protocols that Dr. Purnima Hernandez uses in her practice can be extremely helpful.

She looks at each child as a learner and the dental setting as another educational setting for them.

## She offers these tips, strategies:

- Invest in the child by initially starting with longer visits with a goal to reduce the time of subsequent visits; keep the visit fun but predictable, and request the parents bring in the children for orientation visits.
- Office staff must all be trained in treating the child, and thorough patient intake forms should ask all patients if their children need special accommodations or if the child has a disability.
- Doctor should call parents well before the first visit. During this pre-treatment interview, learn more about the likes, dislikes, dental and experiences of the child. (Parents are asked to bring the child's familiar items whenever possible).
- Based on this information, engineer the environment for that child. For example, if they like "Blues Clues," then the DVD should be ready and playing when they enter the room.
- In Dr. Hernandez's practice, the children are brought to the special play room where they play, watch TV, and basically get comfortable. Often times she will spend time playing (pairing) with them so they feel safe and trust her. This can be a safe environment for the children to get familiar with the dental instruments.
- At this time you observe the child's reactions in terms of behavior, sensory, oral defensiveness, then develop a plan for the transition into the treatment room. (Encourage parents to take photos of the environment and the instruments, which allows them to

develop flash cards that can later be used to review before visits).

- Some children may be extremely anxious, so you may choose to modify the tools and use items that they are familiar with. Repeated exposure helps to desensitize the child.
- For most children with Autism, using the Principles of Applied Behavior Analysis is extremely helpful. The key is to find strong reinforcers and to keep them engaged.
- Typical children are excited about stickers and little prizes. But for many special needs patients especially those with developmental disabilities reinforcing them in short interval with video clips provides the same pleasure.
- Always end on a positive note. She lets the children smell, taste and feel the instrument and materials whenever possible.
- Have a goal to be accomplished for each appointment and sometimes a very non traditional plan on how to accomplish this. E.g. allowing a child to bounce on the ball out of the chair for 30 seconds using a timer for brief breaks. But then the child voluntarily returns and allows treatment for a set amount of time.
- Collaborate with the parents, school staff, and therapist in the patient's lives. The dental appointment is too short for the child to learn all they need to in order to make their visits comfortable. Parents are taught how to create the dental environment in the home using the products the office provides.
- Understand how the child communicates—whether vocal, non verbal or use of an augmentative device.
- Using these Pretreatment, during treatment and post treatment strategies has allowed me to treat many patients successfully from simple exam to fillings.



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