



AUTISM DENTAL INFORMATION GUIDE FOR AUTISM PROVIDERS



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Southwest
Autism
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Resource
Center

**“You’re not healthy
without good oral health.”**

*Dr. C. Everett Koop
Former U.S. Surgeon General*



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The funding for this project supports the development of information guides for families with individuals with autism, autism service providers and dental professionals in an effort to expand dental care for those on the autism spectrum. To better support the provision of oral health care at home and in the dental office, the Educational Planning Committee completed a review of what it believes are the best materials currently available in Special Care Dentistry and combined it with evidence-based interventions in autism. The content in this guide is designed to be easily accessible.

This guide should be used as an information resource only. SARRC and the Educational Committee do not provide medical or dental advice or recommendations for treatment. You should seek the expertise of a qualified professional for any medical or dental advice.

Content and materials used for this information packet were developed by members of the Educational Planning Committee. Some content was also adapted from, Autism Speaks Autism Treatment Network Treating Children with Autism Spectrum Disorders: A Tool Kit for Dental Professionals, Autism Speaks Autism Treatment Network Treating Children with Autism Spectrum Disorders: A Tool Kit for Families, University of Washington School of Dentistry, Healthy Smiles for Autism, National Museum of Dentistry.

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WHY ORAL HEALTH CARE IS IMPORTANT

Oral health care is essential for overall well being. Prevention is key!

This guide was created for autism providers working with children with autism spectrum disorders (ASDs). As a provider, use this guide as a resource to help families better understand and navigate the issues related to the provision of good oral health care.

Please use the information in this guide to help facilitate the most positive experience possible for parents/caregivers, the dental team providing treatment and the child on the autism spectrum.

To begin, oral health care is important because:

- Of all the health care needs in the United States, oral health care is the most prevalent unmet need among children with and without special needs. (Newacheck et al. 2000; Yu et al. 2002).
- With the high prevalence of children diagnosed with autism spectrum disorders (ASDs), the need to support dental care for this population is more urgent than ever. The characteristics associated with ASDs can make it difficult for families to ensure appropriate dental care is consistently provided.
- Good dental care begins during early childhood- setting a foundation for optimal health across the lifespan.
- Preventive oral health care is related to wellness- minimizing health issues later in life such as diabetes, heart disease, and other chronic health problems.
- Although a family may find a dental provider that welcomes individuals on the autism spectrum, it is common that sedation is the primary approach to treatment. Good oral health care for individuals on the autism spectrum requires specialized knowledge, increased awareness, and in many cases, effective behavioral strategies, which can be as effective and a safer alternative.
- There is no one-size-fits-all approach. Autism is unique and the complex presentation will be different for each person. Strategies should be tailored to the strengths and needs of the child and their family. Successful supports ensure better outcomes for good oral health care.
- Finding a qualified dental provider can be problematic. This guide can help families identify a dental provider by linking them to resources and information to support how to be a good consumer.

As partners with the families and children you work with, together you can make a difference!

HELPFUL INFORMATION TO SHARE WITH FAMILIES ABOUT ORAL HEALTH CARE

Families may continually be faced with barriers to ensuring adequate dental care for their child with ASDs. Given the potential for these barriers, it is important as an autism provider to help families understand how to address any problems that may hinder their child's dental care.

Some of these barriers include:

- Identifying and accessing qualified dental providers that are willing to work with patients diagnosed with ASDs.
- Knowing how to deal with a problem behavior that may complicate oral health care in both the home and dental office.
- The ability to afford the cost for dental care.

GETTING STARTED

When to Begin Oral Health Care

- Families should ensure their child receives appropriate oral health care at home, as well as regular visits to the dental office. All children should have their first visit to the dentist six months after the first tooth comes into the mouth, or by one year of age (whichever comes first).

How to Find a Dental Provider

- Refer to the resource section in this guide to help families locate a dentist that treats patients with ASDs.
- When looking for a dentist it will be helpful to first call the dental office to inquire if the dentist is willing to incorporate a treatment approach other than just sedation.

When Scheduling the Dental Appointment

- It is recommended families let the dentist office know what time of the day works best for the child.
- Families should inquire about payment and insurance coverage. The reason for this is because dental co payments are different than primary medical care. To help parents avoid the high cost of specialized dental procedures, working with the dental office in advance can reduce costs significantly-especially when the appropriate insurance codes are used. Families need to understand how they can determine the coding procedures. It's possible they will need to share this information with the dental office.

HELPFUL INFORMATION TO SHARE WITH FAMILIES ABOUT ORAL HEALTH CARE

- Typically, intake forms are provided in the waiting area on the day of the dental visit. To expedite the intake process and exchange of information, ask if the forms can be provided in advance of the scheduled appointment.
- Ask if the medical information questionnaire included in this guide can be used to share additional important information about the child, which may or may not be included in dentist's forms (e.g. medications, vitamins, herbal, mineral supplements, child fears, etc.).
- Ask to speak with the appropriate person to discuss how best to prepare for the dental appointment and to simplify the transition from the car to the dental chair.
- Share any concerns about treatment. Ask to speak with the dentist about any treatment before it is done. (See information on Dental Treatment and Demystifying Concerns about Dental Products).
 - If needed, inquire about ways to help familiarize the child for the office visit. The following are some ideas:
 - It may be helpful for the child to see pictures of the dental office. Ask if the dental office can provide photographs, or how pictures can be obtained.
 - Some dentists offer a desensitization appointment prior to the actual dental visit to help the child become familiar with the office and staff. If appropriate for the child, discuss how to set up this visit and if there is any cost.
- Ask for Dental emergency contact information (e.g. Whom to call or where to go, if there appears to be any dental problem and the dental office is closed).
- Ask if the dentist office staff would like information on autism spectrum disorders. (Share the SARRC Autism Spectrum Disorders Fact Sheet located in this guide).

Some people like to know what to say when calling the dental office to schedule an appointment. Below is an example parents can follow when they call for an appointment:

Hi, my name is _____

I am calling to schedule an appointment for my child _____

My child has autism spectrum disorder (if relevant, be more specific about the diagnosis)

Are you the person I should speak with about my child's needs or is there someone else available in your office I can speak with?

I would like to inquire about how to best prepare both your office and my child for this appointment.

Can we discuss the best way to go about doing this? (See below: Additional information to ask about)

My child does best when _____

My child is afraid of _____

My child will feel more comfortable in your office if _____

If relevant, ask questions related to your child's specific fears or challenges (For example: Is there an elevator?)

In the past, my child had a successful dental visit when _____

In the past, my child had a hard time at the dentist when _____

THE DENTAL OFFICE APPOINTMENT

For Parents/Caregivers: Helpful Ways To Prepare for the Dental Appointment:

- Some people may find it comforting to have added support. The family should know they can invite a family member, babysitter, or autism interventionist to join them at the dentist office to help make the visit a success.
- Suggest the family take a preferred toy or item to occupy the child while they are waiting. They may also want to provide motivating items to use as reinforcers. Bring a list of any questions.

What Parents/Caregiver Need to Know About the Dental Office Visit:

- Encourage families to call ahead to see if the dentist is running on time. If the dentist is delayed and it's possible the child may be anxious in the waiting area, the family can ask the receptionist if it's an option to wait in the car, and then have them call the cell phone when the dentist is ready.
- Typically, a child meets the dentist after they are seated in the dental chair. If needed, ask if the dentist will introduce themselves in the waiting area.

For the Child: Supportive Teaching Strategies for Preparing for the Dental Office Visit:

- Because every child with ASDs has different abilities and challenges, a proactive approach to help the child prepare for the office visit should be considered.
- As an autism provider, consider the best approach to support the development of appropriate skills so the child can have the most successful experience possible.
- Strategies should be tailored to the individual needs of the child. The following offers a list of support strategies you may consider useful to help prepare the child for the dental visit.
 - Talk about what will happen during the office visit. Explain who the people are and what they will be doing.
 - Look at pictures of the dental office, staff, exam room and equipment.
 - Use Social Stories (you can write your own or find a social story on the internet. (See resources located in this guide).
 - Read books about going to the dentist.
 - Visit the dental office in advance to show and explain each step of the actual dental visit.
 - Role play the visit to the dentist- it may be helpful to use some of the dental instruments that can be purchased at a drugstore. These include:
 - Small flashlight
 - Rubber gloves
 - Dental mirror
- Non-verbal communication system- For example, picture cards for “yes/no” or “stop/go”, iPad, other alternative communication device, etc.
- Create a visual schedule or sequence cards to let your child know what will happen throughout the visit.
- Provide a desensitization program or practice trips to the dental office.

THE DENTAL OFFICE APPOINTMENT

You may have to teach each of the following steps so the child understands the directions and expectations from the dental professional:

- Putting their hands on their stomach (ask the parent for the appropriate terminology used with the child (e.g. tummy, belly)
- Putting their feet out straight
- Opening their mouth wide
- Holding their mouth open
- Counting their teeth
- Taking X-Rays (X-rays may be provided prior to the cleaning)
- Cleaning with a power brush
- Swishing fluoride in their mouth
- Spitting into a sink

To help a child be successful with the above, the following additional skills may need to be taught prior:

- Following receptive directions
- The ability to communicate simple wants and needs (Some form of communication should be used such as “thumbs up” to express everything is good, or “thumbs down” for a break, etc.)
- Ability to follow a simple routine
- Ability to self-manage/self-regulate
- Flexibility (for children that are rigid and have difficulty with change (e.g. in their routine), this refers to the ability to adapt to change)
- Sitting for “X” amount of minutes
- Tolerate others touching his/her mouth (with rubber gloves)
- Tolerate high volume/pitch sounds

Each skill may need to be taught and mastered individually. When teaching these steps, use highly motivating items as reinforcers. Remember to always praise a child for their attempts and successes for a job well done.

PROVIDING ORAL HEALTH CARE IN THE HOME

GETTING STARTED

Supplies:

- Toothbrush-use a soft-bristle brush and size that is appropriate for the child. It is important to ask the dentist when it is appropriate to use a vibrating or electronic toothbrush.
- Toothpaste- use appropriate dental recommended toothpaste.
- Floss –The dentist should advise if it is appropriate to use floss and what type of floss to use.
- Mouth rinse- The dentist should advise the use of mouth rinse prior to using

How to Teach Oral Health Care:

- Be enthusiastic and excited about tooth brushing. Make it special and fun!
- Provide choices- let the child help pick out their toothbrush. As an option, let them help select a fun container to store their oral health care materials.
- Establish a routine for tooth brushing (after meals-during bedtime routine).
- Follow the tooth brushing routine consistently.
- Show the child how to brush their teeth. It may be helpful to have a sibling or another child demonstrate tooth brushing.
- You may have to demonstrate or explain every step for a home oral health care program. Below is one example of the steps to consider for teaching (visual supports may be helpful to use until the child can independently complete this process):
 - Get toothbrush, toothpaste, floss (floss is based on the dentist recommendation)
 - Floss (only if recommended by the dentist)
 - Put toothpaste on toothbrush-if needed, start with a small amount and gradually increase to the correct amount
 - Wet toothpaste on the toothbrush
 - Open mouth wide and divide the mouth into four parts and brush every tooth on the inside, outside and biting surface five times (Remember to brush the top teeth, bottom teeth, front teeth and back teeth)
 - Spit toothpaste into the sink
 - Wipe mouth
 - Rinse toothpaste off the toothbrush
 - Rinse spit from the sink
 - Return supplies to their proper location
 - When helping the child brush their teeth, it may be best to stand behind the child
- Depending on the child, when teaching tooth brushing, you may need to provide different levels of prompting strategies (most intrusive to least intrusive) until the child can independently care for their teeth. It is important to reinforce all successive attempts, and then fade prompts to teach independence.
- For some kids, when getting started, it may be better to brush their teeth in a location that is calming to the child, such as the couch, bed, other. The goal is to work with the child so they do brush their teeth in the bathroom as independently as possible.
- It may be helpful to distract the child. If the child responds best to music or a video- save their favorites and just use for tooth brushing. The reward or distraction can be more powerful when it is not always available.
- You may also want to try a First-Then approach. Use a visual or verbally tell the child: “First brush teeth, then “(provide an activity that is highly preferred by the child).

PROVIDING ORAL HEALTH CARE IN THE HOME

- Use reinforcement (token board, toys in a container, praise, hugs, high-five, etc.).
- For some children, your starting place may begin with just entering the bathroom or holding the toothbrush, or tolerating putting anything near or in their mouth. Regardless of what the starting point is, be consistent. If needed, seek additional support from a professional to develop a tooth brushing program based on Applied Behavior Analysis (ABA) teaching procedures.
- Reward yourself for a job well done! Ensuring the child is successful with their oral health care program can take time and lots of patience.

Additional TIPS: How to Teach Oral Health Care

- Refer the family/caregiver to TIPS: How to Keep Teeth and Gums Healthy (located in this guide).
- There are many websites that provide lots of wonderful resources to support teaching appropriate oral health care. Please refer to the resource page of this guide for how to locate:
 - Visual sequencing cards for tooth brushing and flossing
 - Visual pictures of a dental office visit
 - Visual schedules for oral health care in the home & the dental office visit
 - Social Stories
 - Training Videos
 - Video Modeling
 - Story Books
 - Phone Applications

**It is recommended to use real pictures when possible.*



HOW TO KEEP TEETH AND GUMS HEALTHY

From Fact Sheets developed by the University of Washington DECOD (Dental Education in the Care of Person with Disabilities) Program

- Ask the dentist and dental hygienist questions so you can work together to help improve the child's teeth and gums.
- Ask your doctor or nurse for prescriptions without sugar to help prevent tooth decay (also called "cavities").
- Use "over the counter" medicines that do not have added sugar.
- Encourage your child to rinse with water after taking medications that may cause "dry mouth"-which can make it easier to get tooth decay.
- Know what is normal in your child's mouth. Lift the lips away from the teeth for a better view of your child's teeth and gums.
- Follow a daily plan to take care of your child's teeth: brush teeth twice a day with fluoride toothpaste. Have your child drink fluoridated water. Use any aides recommended by the dentist or hygienist to keep teeth and mouth clean.
- Before using a power toothbrush, talk to your dentist and dental hygienist.
- If your child doesn't like a toothpaste flavor or foam, it may be helpful to try different toothpastes. If your child does not like foam from toothpaste, choose toothpaste that does not contain "Sodium Laurel Sulfate."
- When possible, avoid giving your child sugary snacks and drinks (juices, soda). Look at labels on food products for words ending in "ose" such as "fructose" and "sucrose" and limit their use.
- Do not share utensils, cups, and toothbrushes with your child to avoid passing the bacteria which can cause tooth decay. If your child uses a pacifier, do not dip the pacifier in honey or sugar and clean with water only.
- If you need to put a child to bed with a bottle, fill it with water only.
- If your child knocks a tooth out, put it in cold milk and go to the dentist immediately.
- Bring your child to the dentist for preventive visits as recommended based on your child's risk for getting tooth decay. Ask the dentist for dental "sealants" and fluoride treatment to protect your child's teeth from tooth decay.

PATIENT INFORMATION QUESTIONNAIRE

Adapted from "Autism Speaks: Treating Children with Autism Spectrum Disorders: Dental Tool Kit for Families"

PATIENT INFORMATION

Patient Name: _____ Parent/Guardian: _____

Phone Number: _____ Parent/Guardian: _____

MEDICAL HISTORY

Describe the nature of your child's disability:

Are they currently taking any medications, vitamins, herbal, and mineral supplements?
 No Yes (If yes, please list) _____

Has your child ever had seizures? No Yes
Date of last seizure: _____ Type of seizure: _____

Does your child have any allergies? No Yes (If yes, please list) _____

Does your child wear a hearing aid? No Yes (If yes, please explain) _____

Does your child have any other physical challenges that the dental team should be aware of?

ORAL CARE

Has your child visited the dentist before? No Yes (If yes, please list date) _____

Please describe your child's at-home dental routine:

Does your child use an electronic or manual toothbrush?
Does your child floss? No Yes
Does your child need assistance when brushing their teeth? No Yes
What are your dental health goals for your child?

How often does your child eat during the day 3 meals a day snacks in between meals eats only when hungry

What types of foods?

Does your child drink soda? No Yes Does your child drink fruit juice? No Yes

PATIENT INFORMATION QUESTIONNAIRE

COMMUNICATION & BEHAVIOR

Is your child able to communicate verbally? No Yes

Are there certain visual or verbal cues that might help the dental team? If yes, please explain:

Are there any useful phrases or words that work best with your child? Please describe:

Does your child use non-verbal communication? No Yes If yes, please explain:

Will you be bringing a communication system with you? No Yes If yes, please explain:

Will you be bringing visual supports to help your child during the visit? If yes, please explain:

If not, are there any supports that we can have available to assist with communication? If yes, please explain:

BEHAVIOR/EMOTIONS

Please list any specific behavioral challenges that you would like the dental team to be aware of:

Feel free to bring motivating items that are comforting and/or pleasurable for your child to the dental visit.

SENSORY ISSUES

Please list any specific sounds that your child is sensitive to:

Does your child prefer the quiet? No Yes

Is your child more comfortable in a dimly lit room? No Yes

Is your child sensitive to motion and moving (i.e., the dental chair moving up and down or to a reclining position)?
 No Yes If yes, please explain:

Does your child have any oral sensitivity (gagging, gum sensitivities, grinding, clenching, etc.)? No Yes

Do certain tastes bother your child? No Yes (If yes, please explain)

Is your child more comfortable in a clutter-free environment? No Yes If yes, please explain:

What frightens your child?

What calms your child?

Please provide your dentist with any additional information that may help prepare for successful oral health care.

CONCERNS OR QUESTIONS PARENTS MAY ASK ABOUT DENTAL PRODUCTS

Fluoride:

- Concerns have been expressed about two possible effects of fluoride: Gastrointestinal (GI) irritation if the child ingests too much toothpaste; and dental fluorosis, if excessive ingestion occurs. The following information is evidence-based and provided for families to make well informed decisions regarding their child's dental care.
- Fluoride has been proven to be effective in reducing dental cavities when used regularly. In children with ASDs, many of whom take anti-seizure or anti-psychotic medications and are therefore prone to xerostomia (dry mouth); it is an especially important preventative measure.

Below are some helpful points about fluoride:

- Fluoride is like any other nutrient; it is safe and effective when used appropriately.
- Research has shown that fluoride reduces cavities in both children and adults. It also helps repair the early stages of tooth decay even before the decay becomes visible.
- There are several ways through which fluoride achieves its decay-preventive effects. It makes the tooth structure stronger, so teeth are more resistant to acid attacks. Acid is formed when the bacteria in plaque break down sugars and carbohydrates from the diet. Repeated acid attacks break down the tooth, which causes cavities.
- Fluoride also acts to repair, or remineralize, areas in which acid attacks have already begun. The remineralization effect of fluoride is important because it reverses the early decay process as well as creating a tooth surface that is more resistant to decay.
- Fluoride is obtained in two forms: topical and systemic. Topical fluorides strengthen teeth already present in the mouth making them more decay-resistant. Topical fluorides include toothpastes, mouth rinses and professionally applied fluoride therapies. Systemic applications include fluoridated water supplies and vitamins.
- Parents should find out if their water supply is fluoridated or not and discuss individual fluoride administration protocols with their dental professional.
- There is no scientific evidence to support the idea that fluoride may be a neurotoxin. There is ample, reliable evidence to support its oral health benefits. Additionally, in children for whom daily oral hygiene may be difficult, lack of properly administered fluoride can result in pain, infection and avoidable dental treatment.

CONCERNS OR QUESTIONS PARENTS MAY ASK ABOUT DENTAL PRODUCTS

Metal Fillings (Amalgam):

It is not uncommon for parents to express concern about the use of amalgam to restore cavities. Here are some points for discussion:

- Dental amalgam is a restorative material that has been used successfully since the 1800's. It consists of mercury, silver and other metals.
- Since the 1980's, composite or "white" fillings have increased in popularity. They have improved in durability and strength over the last twenty years, but are still more prone to failure than amalgam. They are the standard of care for front teeth or any time esthetics is of prime importance.
- There is much controversy over the safety of dental amalgam, and in fact, elemental mercury is toxic, especially with frequent exposure. However, numerous longitudinal, well-controlled studies have shown that dental amalgam poses no health risk, and indeed may be a better choice for people who have difficulty with dental treatment.
- A well placed dental amalgam restoration can last for decades, and is not nearly as technique sensitive as a composite restoration. Placing an acceptable composite restoration in a child who has difficulty with dental procedures can be challenging.
- A well informed dental patient also needs to know that there are potentially unsafe materials in white fillings. As with amalgam however, no health risk has been identified when used as a dental restorative.
- There is a time and place for everything, and sometimes the choice of a restorative material depends on the size, shape and location of the cavity being filled.

Gluten/Casein:

- There are a few dental products that contain casein (e.g.: MI paste). Dentists should inquire as to parents' preferences before prescribing gluten or casein containing products.

AUTISM SPECTRUM DISORDERS (ASDS) FACT SHEET

What is autism spectrum disorder?

Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain. Scientists do not know yet exactly what causes these differences for most people with ASD. However, some people with ASD have a known difference, such as a genetic condition. There are multiple causes of ASD, although most are not yet known.

There is usually nothing about how people with ASD look that sets them apart from other people, but they may communicate, interact, behave, and learn in ways that are different from most other people. The learning, thinking, and problem-solving abilities of people with ASD can range from gifted to severely challenged. Some people with ASD need a lot of help in their daily lives; others need less.

A diagnosis of ASD now includes several conditions that used to be diagnosed separately: autistic disorder, pervasive developmental disorder not otherwise specified (PDD-NOS), and Asperger syndrome. These conditions are now all called autism spectrum disorder.

What are some of the signs of ASD?

People with ASD often have problems with social, emotional, and communication skills. They might repeat certain behaviors and might not want change in their daily activities. Many people with ASD also have different ways of learning, paying attention, or reacting to things. Signs of ASD begin during early childhood and last throughout a person's life.

Children or adults with ASD might:

- Not point at objects to show interest (for example, not point at an airplane flying over)
- Not look at objects when another person points at them
- Have trouble relating to others or not have an interest in other people at all
- Avoid eye contact and want to be alone
- Have trouble understanding other people's feelings or talking about their own feelings
- Prefer not to be held or cuddled, or might cuddle only when they want to
- Appear to be unaware when people talk to them, but respond to other sounds
- Be very interested in people, but not know how to talk, play, or relate to them
- Repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language
- Have trouble expressing their needs using typical words or motions
- Not play "pretend" games (for example, not pretend to "feed" a doll)
- Repeat actions over and over again
- Have trouble adapting when a routine changes
- Have unusual reactions to the way things smell, taste, look, feel, or sound
- Lose skills they once had (for example, stop saying words they were using)

What can I do if I think my child has ASD?

Talk with your child's doctor or nurse. If you or your doctor thinks there could be a problem, ask for a referral to see a developmental pediatrician or other specialist. At the same time, contact your local early intervention agency (for children under 3) or local public school (for children 3 and older), even if your child does not go to that school. To find out whom to speak to in your area, contact the National Information Center for Children and Youth with Disabilities by logging onto www.nichcy.org. In addition, the Centers for Disease Control and Prevention has links on its Autism Spectrum Disorder Web page to information for families (<http://www.cdc.gov/ncbddd/autism/links.html>).

Don't wait. Acting early can make a real difference!

www.cdc.gov/actearly | 1-800-CDC-INFO

RESOURCE GUIDE

Resources for Families:

Autism Speaks Resource Guide-Tool Kit for Families

www.AutismSpeaks.org/community/resources

School of Dentistry University of Washington Oral Health Fact Sheets for Parents

http://dental.washington.edu/sites/default/files/departments/spec_need_pdfs/Autism-Parent.pdf

National Museum of Dentistry: Healthy Smiles Autism Guide (this guide includes visual sequencing cards, social stories, and a picture dictionary)

www.healthysmilesforautism.org

Autism Society of America

www.autism-society.org

Social Stories & Visual Schedules

www.handsinautism.org

Video Modeling Programs

www.lookatmenow.org

Photos and Videos of Dental Office Visit & Procedures

<http://dentistry.about.com/od/childrensdentistry/ig/Dentist-Appointment-Photos/>

Cincinnati Children's Hospital Medical Center- Video Modeling Library "Going to the Dentist"

[http://www.veengle.com/s/Pediatrics%20\(Medical%20Specialty\).html](http://www.veengle.com/s/Pediatrics%20(Medical%20Specialty).html)

AAPC- Autism Asperger Publishing Company

www.aapcpublishing.net/

Resources for Dental Professionals:

Autism Speaks Resource Guide-Tool Kit for Dental Professionals

www.AutismSpeaks.org/community/resources

School of Dentistry University of Washington Oral Health Fact Sheets for Dental Professionals

http://dental.washington.edu/sites/default/files/departments/spec_need_pdfs/Autism-Dental.pdf

Increasing Dental Compliance for Children with Autism: A Desensitization Package” Center for Autism Spectrum Disorders, Southern Illinois University, as part of “The Autism Program in Illinois”- casd.siu.edu

<http://www.docstoc.com/docs/524507/Developing-a-Desensitization-Program>

National Museum of Dentistry: Healthy Smiles Autism Guide

www.healthysmilesforautism.org

- Special Care: an Oral Health Professional Guide to Serving Young Children with Special Health Care Needs.
- American Academy of Pediatric Dentistry: 2011-2012 Definitions, Oral Health Policies and Clinical Guidelines.
- NOHIC-NIDCR publications.
- Free of charge CDE courses: MCH Oral Health CDE (4 CDE hours); NIDCR CDEE (2 CDE hours).

The Autism Dental Information Guides for autism providers, dental professionals and families can be downloaded for free in English and Spanish from the following websites:

The Southwest Autism Research & Resource Center (SARRC)

www.autismcenter.org

A.T. Still University

www.atsu.edu

Delta Dental of Arizona Foundation

www.deltadentalaz.com

AZ Dental Foundation

www.azdentalfoundation.org

Phoenix Children’s Hospital

www.phoenixchildrenshospital.com

To locate a dental provider, please refer to the above list or contact the Special Care Dentistry Association at

www.scdonline.org/?Referral



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