



VIDEO TRANSCRIPT

Visits to a Doctor and Dentist Office

Families living with autism spectrum disorder often look for tips on how to handle the many different challenges that may arise. “Real Life Tips for Kids with Autism” is a series of practical videos and resources presented by the experts at Children’s Specialized Hospital.

Children with autism are, generally up to age 18 or 21, followed by pediatricians and as a rule pediatricians are familiar with working with many children with special needs, but sometimes your child might need special accommodations. They may need more time. They may need a different space. The exam rooms in pediatrics tend to be a room with an exam table with noisy paper so that may not work for your child.

For physician visits, the child would have known the provider usually prior to their diagnosis since Autism is generally not diagnosed in infants, so there is a rapport there with the staff and the setting, but as the child ages, things would crop up such as behaviors and the pediatrician should have a good understanding of what the child’s strengths are, their weaknesses, triggers for behaviors. Certainly there’s certain things that pediatricians need to do such as giving injections. That’s not always a pleasant activity for children. They can be very fearful, but it may be very important for the care of their health overall. And sometimes spending time at the end of the day, being the last patient of the day, can give the staff more time to work with the family.

Certainly children with autism will see some specialists at times. Many of them have gastrointestinal issues just as an example, and by having the child have something they are comfortable with; they may bring their backpack with Thomas trains or they may bring a favorite video game with them, that will help make them feel very comfortable during the setting. Myself, the way I work with children, I have an exam table in the room but I also have a small child’s table and toys so I’ll often let the child play with the toys first and then interact with them and then attempt the examination. The examination I’ll do could be on the parent’s lap, could be while they’re playing with toys, but not to try to scare them and put them on an exam table and come after them with bright lights and stethoscopes.

Certainly dental care is very important for children on the autism spectrum and they often have difficulty with oral motor skills and oral motor sensation and oral hygiene can be quite difficult, just getting a toothbrush into a child’s mouth, so having routine dental checks is critical. But not every dentist is equipped to manage a child comfortably with an autism spectrum disorder. So I would definitely recommend that families identify a special needs dentist in their area and then also to look at recommendations from a local parents’ support group, where parents have had successful interactions.

By having an exposure in a nonthreatening way would be very helpful. So if they could go into the office, meet people, be shown the chair they'd be sitting in, look at the equipment, and then come back a second time, that might be very helpful for the child. Having things explained to them, like a pre-teaching, or a social story could be used in order to address a dental visit.

Parents know their children, and if your child is always frightened when going to a specialist or a pediatrician's office, the parents should make special arrangements with the provider. But again if an ABA therapist is working with the child, they may accompany them to the visit, they may work on a social story, they may work on pre-teaching that child what will happen in the visit in order to make it more successful.

So it does occur that children require emergency care at times, and I think it's very important for a parent to be able to communicate what their child's baseline is. So if your child is not able to communicate verbally and is using sign language, that's important for the medical provider to understand. They should understand their overall health status that the parent would communicate, and if there's a change in behavior. We've seen where some children are not very interactive, and that is their baseline. So, with a provider interpreting that as an abnormality may lead to more testing than needs to be done. So having the medical providers have a clear understanding of what your child's baseline status is, their communication ability, their ability to interact socially, and their behavior I think is very critical.

There are times that children may need to have blood drawn, whether it's in an emergency setting, or as a result of medication they have prescribed. So I would recommend for that situation, that the parent assure that there are at least two or three staff members available to support the child. We find that we need three staff members usually to work with the child and the parent and there are ways of doing it, either very quickly, or ways you can use a cream to numb the area. Sometimes skipping the cream and just putting the needle in and taking the blood and being done with it is more effective. Other times the child is comforted by having the cream to numb the area but, definitely staff that are familiar with children with special needs and having adequate staff, one phlebotomist is probably not going to be adequate for any type of lab draws.

So it's very important for parents to have a medical provider that they can work collaboratively with and many parents will explore many different types of interventions that they're hopeful will work for their child. Having someone that can be there with you, listen to the pros and cons, and understand the types of interventions that are available is very critical. Having that ability to spend a little bit more time with you I think is also very, very important.



Through a partnership with Kohl's Cares, Children's Specialized Hospital is improving access to care for children with special health care needs.



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