





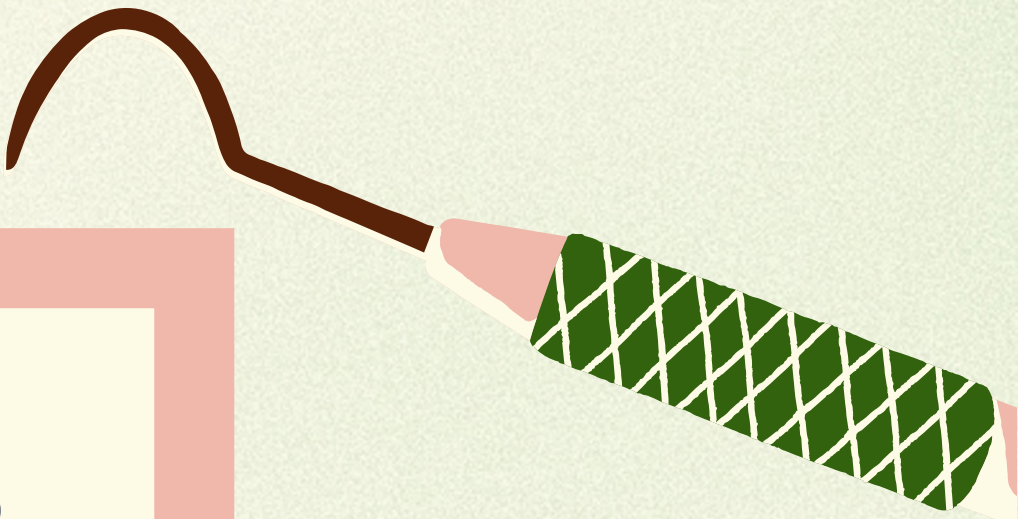



Neurodiverse Patients

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Aims and Objectives

-  To ensure that neurodiverse patients can access the same level of dental care as their neurotypical peers.
 -  Have an increased awareness and understanding of neurodiversity
 -  Recognise challenges and barriers that neurodiverse patients may face in a dental setting
 -  Have effective verbal and non-verbal communication techniques to create an inclusive environment
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GDC Development Outcomes

A: Communication Skills;
Safeguarding

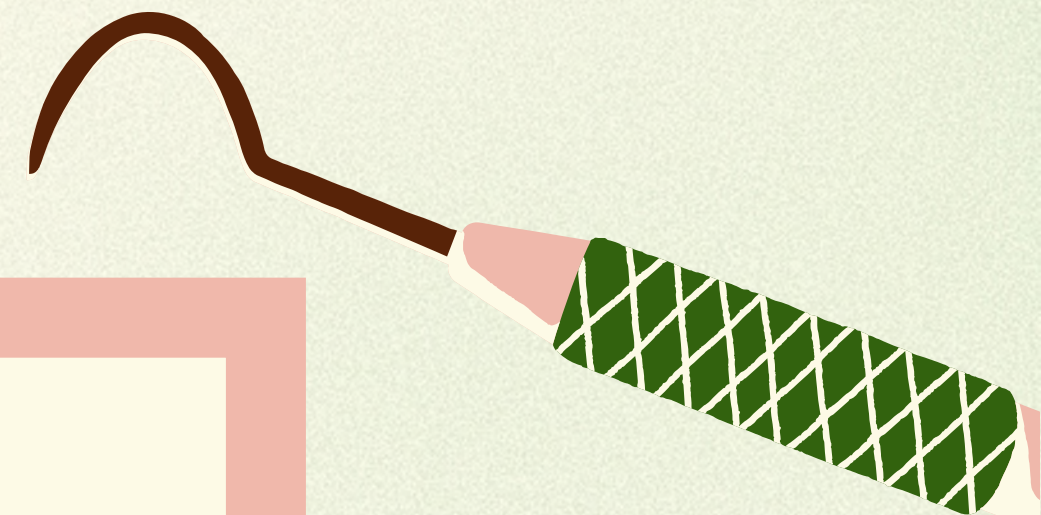
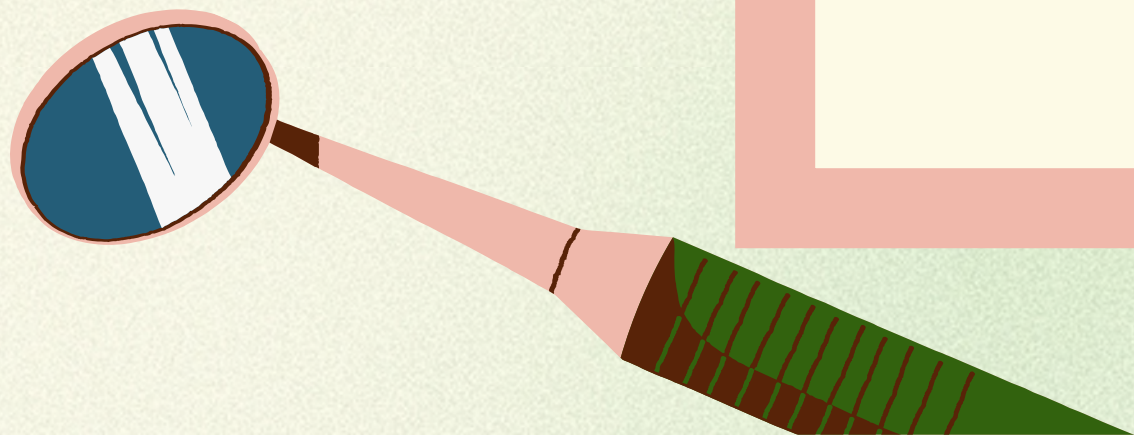
D: Professional Behaviours,
equality and diversity





Agenda

- 🦷 What is neurodiversity?
- 🦷 Challenges and Barriers
- 🦷 Strategies to support
- 🦷 Ethical Considerations



Neurodiversity

- Natural variations in brain function and behaviour, regarded as part of normal variation in human population.
- Not deficits to be 'fixed'.
- Includes autism, ADHD, sensory processing difficulties, dyslexia etc.
- Impacts on a significant amount of the population (15-20% of UK population, 2024).
- The impact of this can influence comfort, trust, and cooperation in dental care.



Neurodiversity



- Neurodiversity is not a deficit-based concept
- It strengthens communities and workplaces
- We are all part of neurodiversity, not only divergent people
- So...
 - Who prefers quiet over noise when concentrating?
 - Who finds bright lights uncomfortable?
 - Who struggles with multiple people speaking at once?
 - Who gets overwhelmed in busy spaces?
- If you've raised your hand to any of these, you've experienced a sensory need, just like many neurodivergent people!

Neurodiversity vs Neurodivergence

- Neurodiversity refers to the umbrella of variation
- Neurodivergence refers to individuals whose brain differences are more distinct
- This can refer to individuals who have been given a clinical diagnosis of:
 - Autism*
 - ADHD*
 - Dyslexia
 - Dyspraxia
 - Tourette's Syndrome
- Can have co-occurring conditions e.g., autism and ADHD (AuDHD)
- It is not rare – estimates suggest approx. 15-20% of population are neurodivergent



Autism

What it is?

- A spectrum disorder – no two people are the same
- Characteristics include:
 - Difficulties in social interaction and communication
 - Restricted/Repetitive behaviours
 - Sensory sensitivities
- Lifelong developmental disability

How it can present

- Unable to read social cues
- Behave in ways that may be considered inappropriate or 'odd'
- Avoid eye contact when under pressure
- Difficulties in understanding or retelling an incident
- Have difficulties in reading body language, tone of voice, facial expressions
- Over-compliant

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How it can present

- Rock, finger-flap, or playing with an object
- Difficulties in coping with change, rely on routines
- Sensory difficulties – touch, light, noise, smell
- Difficulties in co-ordination
- Difficulties in following instructions
- Require longer processing times

ADHD

What it is?

- A neurodevelopmental disorder
- Characteristics include:
 - Difficulties with attention and concentration
 - Impulsivity and challenges with self-control
 - Hyperactivity or restlessness
- Lifelong condition that impacts on how a person manages tasks, organises themselves, and responds to the environment

How it can present

- Distracted by surrounding noises, movements, or activities
- Difficulties in sustaining attention
- Trouble with organising tasks or daily routines
- Struggle to stay still, often fidgeting
- Difficulties in listening or remembering instructions
- Interrupts others or talks excessively

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How it can present

- Underestimates how long tasks will take
- Hyper-focused on activities they find interesting losing awareness of surroundings
- Easily frustrated
- Strong/extreme emotional reactions
- Forgets appointments, deadlines, or important details
- Difficulties in generalising, especially when environments change

Common Challenges/Barriers



Sensory Sensitivities



Anxiety and Fear



Difficulty with change or new environments



Sensory Sensitivities

Light:



- Overhead dental lights may feel unbearably bright
- The patient may shield their eyes or refuse to lie back in the chair

Sound:



- High-pitched noises (drills, suction) can trigger distress or panic
- The patient may cover their ears, hum loudly, attempt to flee the room

Texture and Taste:



- Dental paste, equipment, or impression material may cause a gagging reflex
- The patient pulls away mid-procedure or tries to get out of the chair

Touch:



- Sensitivity to being touched around the face/mouth
- The patient flinches or withdraws whenever the dentist tries to adjust head position





Anxiety and Fear

Anticipation:



- This can be anticipation of pain or discomfort even before the appointment begins
- The patient may express worry days beforehand

Previous negative experiences:



- These can reinforce avoidance behaviours
- A past dental injection causes long-term fear of needles so easier to avoid than confront

Generalised medical anxiety:



- Fear in one medical setting can transfer to more
- The patient becomes visibly restless, asks repeated questions, or requires constant reassurance

Behavioural response:



- Simply a response because of the context/situation
- The patient may cry, refuse to engage/listen, or 'shutdown' during procedures



Difficulties with change/new environments



Change of routine:

- Routine and predictability are crucial
- The patient may get upset if their regular hygienist is off



Delays/schedule changes:

- Unexpected changes can result in extreme distress
- Simply running behind schedule can result in a patient being unable to cope resulting in observable anxiety type behaviours



Change in materials/tools:

- Discomfort whenever new tools or new techniques are introduced
- The patient will refuse to allow the new method to be used with them



Completely new environment:

- Hasn't been to the practice before or has avoided dental practices for a period of time
- The patient can become stressed by unfamiliar noises, other people, smells etc.



Impact on treatment compliance and oral health



Reduced Co-operation



Avoidance



Delayed preventative care



Anxiety cycle



Caregiver stress

Strategies to support



- Sensory-friendly environments
- Building predictability and routine
- Supporting communication
- Managing anxiety and building trust



Sensory friendly environments

Light:



- Use dimmable lights or sunglasses to reduce brightness
- Explain before turning on overhead lamps

Sound:



- Offer noise-cancelling headphones or allow patients to listen to music
- Schedule quieter times of day if possible

Texture, Touch and Taste:



- Let patients handle instruments before use
- Offer choice – flavoured vs unflavoured paste, smaller instruments
- Fidget tools, weighted blankets available, which can help reduce anxiety during longer appointments



Building predictability and routine



Consistency helps reduce stress and build trust



Try to keep the same dentist and hygienist for the patient when possible



Provide visual schedules or step-by-step explanations



Use social stories or short videos before appointments to show what will happen





Supporting Communication



Communication differences can make it harder for patients to express discomfort or ask questions



Use clear, simple language: avoid jargon
Check for understanding with short yes/no or visual prompts



Allow extra time for responses



Use non-verbal supports like picture cards or visual timers





Managing anxiety and building trust



Trust is built slowly, through patience and reassurance



Offer desensitisation visits, short, non-treatment appointments to build familiarity



Give patients choice wherever possible, for example “would you like to sit now, or after a few minutes?”



Reinforce cooperation and small successes
Allow small breaks if anxiety escalates



Strategies to support

- Graded exposure
- Video modelling
- Social Stories
- Managing anxiety and building trust



Graded Exposure

- A behaviour therapy technique often used to treat phobias and anxiety disorders
- Involves gradually exposing a person to a feared stimulus while simultaneously training them to relax
- Must be done gradually
- Work with the behaviours you observe
- Going too fast may result in failure
- If moving to the next step is too much, go back to the last successful step and move forward again
- Lots of research to show the effectiveness of this



Video modelling

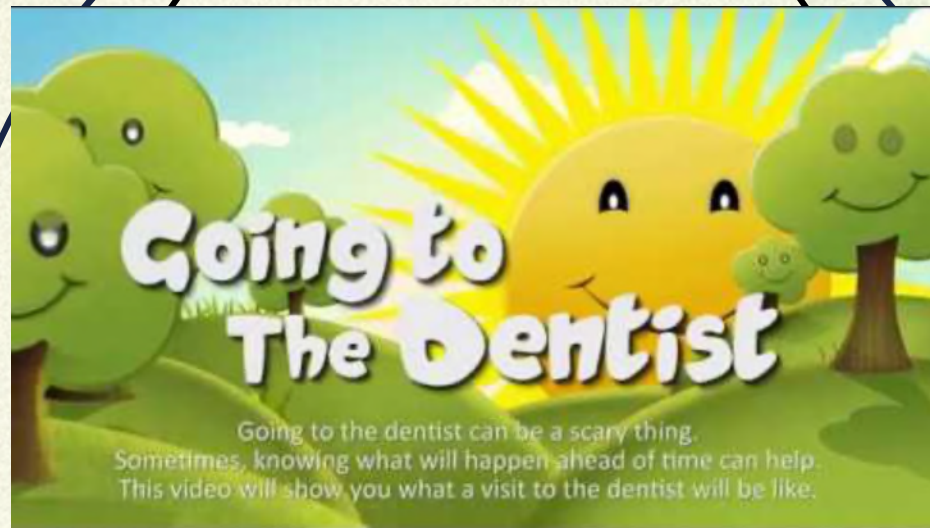
What it is?

- It is a type of instruction that involves recording a model demonstrating a skill or behaviour with increasing independence
- Frequently paired with other evidence-based practices such as task analysis, shaping, and reinforcement
- Effective for teaching many different skills/behaviours

How?

- Record point of view videos that are made available on the website of your practice
- Film all elements of the dental practice
- Can have a model acting out the steps involved
- Can be tailored for children or adults
- Can be presented in short snippets or one long video
- Patient watches in safe environment (home)

Video models



Some examples...

Social Stories

- These are personalised, descriptive narratives for neurodivergent individuals of all ages, including adults, that explain:
 - Social situations
 - Expectations
 - Other perspectives
- Aim is to improve understanding and reduce anxiety
- They are a bridge for connecting neurodiverse individuals to the social world by offering a structured and supportive guide that empowers them to engage with confidence and understanding



Social Stories

- These can be made by using actual photographs to make it more specific to your practice - [Dentist specific](#)
- Can be made available at reception for patients to pick up
- Can also be made available online for reading and printing prior to appointment
- Can be tailored based on needs of individual – [more pictures](#), [more text](#), [visuals](#) etc.

Autistic Child Visiting the Dentist



I go inside with my mom



I sit and wait with my toy



The dentist counts and inspects my teeth



There is a bright light so the dentist can see my teeth



The dentist gives me a sticker



I am ready to go home

Other



- Offer longer appointments for those individuals who struggle
- Arrange appointments at quieter times (perhaps first appt of the morning or last one of the day)
- Turn off radios or streaming devices for those you know who are sensitive to noise
- [Visual communication Board](#)

Group work



Ethan – 8 years old, autistic
First time at dentist
Parents report significant anxiety in unfamiliar environments, loud noises and touch around the face



Upon arrival, Ethan covers his ears in the waiting room and becomes distressed by sound of another child. When called to come in, he refuses to walk in and asks to go home



What are the triggers contributing to Ethan's distress?
How could the environment be adapted for him?
What could support him?
What should not be done?

Group work



**Sarah – 32 years old, ADHD
Repeatedly misses dental
appointments**



**Sarah arrives for her
appointment late and appears
apologetic and embarrassed
She explains she struggles with
organisation and often avoids
appointments because she
worries about being judged**



**What barriers are impacting on
Sarah's attendance for her
appointments?
What reasonable adjustments
could be put into place?
How could communication be
adapted?**

Group work



Michael – 45 years old, Extreme sensitivity to sound and touch



**During treatment, Michael becomes visibly tense when the suction equipment starts
He grips the chair tightly, begins breathing rapidly, and asks you to stop**



**What signs indicate escalating anxiety?
How should the dentist respond in that moment?
How can the patient maintain a sense of control?**

Ethics and inclusive dental practice



- Ethical practice is not simply completing treatment successfully, patients must feel safe, respected, understood and involved in the process
- Compliance does not necessarily mean consent
- Move from compliance to collaboration

Ethics and inclusive dental practice



Autonomy

Patients should:

- Be involved in decisions**
- Have choices when possible**
- Be given time to process information**



Beneficence

- Reduce distress**
- Improve access**
- Create positive healthcare experiences**



Non-maleficence

- Harm is not only physical**
- Psychological distress matters too**

Compliance to Collaboration

Outdated approach

- Get through treatment
- Behaviour = defiance
- Same approach for everyone
- Focus on compliance

Neurodiversity affirming approach

- Build trust and participation
- Behaviour = communication
- Individualised adjustments
- Focus on comfort and autonomy

Consent and Capacity



- Capacity is decision specific
- Communication differences does not equate to lack of capacity
- Use accessible communication
- Allow processing time
- Consider carers appropriately

Questions?



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**Thank you for
listening!**

