

Frequently asked questions

1. Why is Bergen Pediatric Dentistry unique for special needs children?

At Bergen Pediatric Dentistry we are committed to teaching children with behavioral disorders the skills necessary to accept simple dental procedures.

Many children with and without special needs have a phobia of experiencing dental procedures. Especially children on the Autism Spectrum Disorder (ASD) have extreme difficulties in a dental setting. They are often hypersensitive to the sensory stimuli in the dental environment and procedures. To deliver dental treatment safely, a dental provider may have to use physical restraints or medications (sedation or general anesthesia) to accomplish simple exams and cleanings.

Our goal at Bergen Pediatric Dentistry is to **teach** children the skills to accept dentistry. Dr. Hernandez utilizes procedures from Applied Behavior Analysis to achieve this goal. She believes that learning to sit in a dental chair is no different than any other adaptive skill (such as dressing, toileting, brushing teeth). It is a skill that can be taught to children, thus avoiding the use of physical restraints to deliver a procedure.

Teaching these skills requires specialized knowledge, patience, and time. We believe dental exams / cleanings are important skills to be taught in childhood since it can lead to successful outcomes throughout the person's lifetime. While a child without these skills can be easily physically restrained, such methods are not practical for adults. Persons who have not acquired these skills tend to have poor dental health as adults. In the case of special needs adults, sedation or general anesthesia are the viable options for procedures. These options are significantly more costly.

Hence teaching the skills to accept simple dental procedures is important. We offer this philosophy and service at Bergen Pediatric Dentistry.

2. Is Bergen Pediatric Dentistry a special needs practice?

NO. We are a practice that focuses on ALL children.

We treat both children with and without disabilities. However children with behavioral disorders such as ASD often require additional time and specialized knowledge. Dr. Hernandez is a board certified behavior analyst (BCBA). Her combination of degrees in pediatric dentistry and behavior analysis has made her dental care unique. Behavioral principals, and the procedures derived from them, can be successfully applied to children regardless of ability or disability.

3. What are Bergen Pediatric Dentistry's goals for my child?

You have reached out to the right practice if your goal is to have your child receive the best dental treatment while:

- a) Not having your child physically restrained for a dental cleanings
- b) Having your child sit independently in a dental chair and tolerate simple procedures
- c) Not having your child sedated or physically restrained to simply have an examination

4. Does my child need a restraint, sedation or general anesthesia for a dental cleaning?

No. We will not physically restrain your child for a simple cleaning, unless it is part of a behavioral management package. In such cases, physical restraints will be brief in duration to prevent escape.

Dr. Hernandez teaches children how to accept simple dental procedures. Just like speech therapy and occupational therapy, this may require multiple visits and trials.

Her work focuses on teaching children to accept simple procedures such as exams, cleanings, and x-rays. However, providing restorative dental treatments (fillings, extractions etc.) to a phobic child, or a child with severe behavioral disorders, may require the use of advanced management procedures (sedation or general anesthesia). Depending on the child's responses and dental findings, Dr. Hernandez will work with the parent to develop a customized plan that is safe and allow the dentists to deliver the necessary and quality care.

At Bergen Pediatric Dentistry we do NOT use a papoose to deliver simple routine dental procedures. This is what sets us apart from our peers. We believe that restraining a child in a papoose does not teach the child the skills that are necessary to become independent. It only further increases aversions and phobias.

5. What makes Dr. Hernandez an expert?

Dr. Hernandez is a board certified Behavior Analyst (BCBA) in addition to a board certified pediatric dentist.

She has spent the last decade exploring techniques and studying the science of Applied Behavior Analysis (ABA). She has integrated principles and procedures from ABA in her dental procedures to successfully teach children with phobias and other specialized needs.

She is also a parent of a child with multiple disabilities and practices what she preaches daily in her life. Her own child has significant oral motor issues, but has learnt to successfully experience dentistry in the dental chair independently. This success has given her the confidence that other children can learn too with similar efforts.

Her unique life experience and education allows her to develop treatment plans for children with special needs that are practical, comprehensive, and effective. In her private time she is engaged in writing papers and lecturing in New Jersey and across the U.S.

6. What is Behavior Therapy?

Every new patient receives a behavioral consult; Depending on the results of the consult, our practice will set up a longer visit. The longer visit will include an on-site detailed assessment and treatment, which will be conducted by Dr. Hernandez

The results of an on-site assessment will be used to develop a treatment plan for your child. If the treatment plan requires it, she will train parents, teachers, and caregivers to simulate procedures in the home environment. Depending on the child's responses during repeated trials she will determine with the parent on how often the child will need to visit the dentist for therapy.

While it is the standard for children to visit their dentist twice a year, such a frequency would be inadequate for some children with behavioral difficulty. It may be unrealistic to expect a child to learn skills with trials so far apart (biannual cleanings). Hence depending on the child's ability, the treatment plan may require the child to visit the office more than twice a year. Once the child becomes familiar and desensitized to the tools and procedures, these visits can be slowly scaled back to a typical routine appointment.

Visits in excess of twice a year may not be covered by dental insurance. If guardian(s) agree to a treatment plan that exceeds an insurance plan's allowance, fees for additional visits will be the responsibility of the child's guardian. We understand that time and cost commitments may be a concern. Our goal is to make your child capable of accepting routine procedures, and our treatment plans are designed to meet this goal.

7. Why is there a charge for behavior therapy?

Behavior therapy requires additional time, visits, and specialized knowledge. It is no different than speech or other such therapies.

Dental procedures are billed based on procedures completed. In some cases procedures in a treatment plan, specifically those that are based on ABA, are a significant component of the plan. Appointments that include behavioral therapy procedures are longer and are based on specialized knowledge. Dental insurance companies do not reimburse the provider for ABA services. Hence there is a behavior charge for the behavioral procedures of a treatment plan.

8. Why is my child required to have a morning appointment?

To promote effective learning, appointments are scheduled at times when the office is relatively less busy, which is usually mornings.

For behavior therapy, the environment has to be conducive to learning. In a typical pediatric dental practice the afterschool and weekend schedules are dense with appointments; the environment is disruptive and not conducive for learning skills.

Once the child is doing well, Dr. Hernandez will develop a plan to transition the care to her hygienist. As the child continues to accept simple dental procedures with minimal behavioral difficulties, afternoon and weekend appointments will be made available.

9. What if I do not want behavior therapy for my child?

The goal of this practice is to teach children the skills needed to sit in a dental chair and experience dentistry independently. These skills are primarily tolerating a mirror, cleaning and x-rays in the dental office. We will NOT hold your child down for a cleaning unless it is determined to be a component of the teaching plan.

A child may be easy to hold down when he/she is small and young. However as the child gets older physically restraining the child becomes more difficult. If behavior skills are not taught at a young age, a child may inherit a lifelong dependency on sedation for even the simplest of procedures. . It is our goal at Bergen Pediatric Dentistry to teach the younger child the skills to accept basic preventative procedures without the need for sedations or physical restraints.

Seeking our services is a choice that the parent makes and will be committed to.