

## Perceptions and Experiences of Dental Professionals Regarding ReAttach Therapy for Autistic Pediatric Patients

**Dr. Suganya Mahadeva<sup>1\*</sup>, Dr. Aishwarya Singh<sup>2</sup>, Dr. Priyanka Nitin<sup>3</sup>, Dr. Madhulika Srivastava<sup>4</sup>, Dr. Chitharanjan Shetty<sup>5</sup>**

Received: 24- June -2023  
Revised: 27- July -2023  
Accepted: 21- August -2023

<sup>1</sup> Postgraduate student, Department of Pediatric and Preventive Dentistry, Peoples College of Dental Sciences and Research Centre, People's University, Bhopal, Madhya Pradesh, India.

suki\_suganya@rocketmail.com

<sup>2</sup> Associate Professor, Department of Dentistry, Rajmata Shrimati Devendra Kumari Singhdeo Govt. Medical College, Ambikapur, Chhattisgarh, India

aishley7@gmail.com

<sup>3</sup> Assistant Professor, Department of Oral Pathology and Microbiology, JSS Dental College and Hospital, JSS Academy of Higher Education And Research, Mysuru, India

dr.priyakanitin@jssuni.edu.in

<sup>4</sup> Reader, Department of Pediatric and Preventive Dentistry, Manav Rachna Dental College, Faridabad, Haryana, India

dr.madhulika.srivastava@gmail.com

<sup>5</sup> Reader, Department of Conservative Dentistry and Endodontics, A. B. Shetty Memorial Institute of Dental Sciences Deralakatte Mangalore. NITTE Deemed to be University, Mangalore, Karnataka, India

drchitharanjanshetty@nitte.edu.in

### Abstract

**Background:** Dental care for autistic paediatric patients poses unique challenges due to sensory sensitivities, anxiety, and communication barriers. ReAttach therapy, a holistic approach, has the potential to improve patient experiences and outcomes. This study explores the perceptions and experiences of dental professionals regarding ReAttach therapy and identifies variations in experience, with a focus on the lesser experience of dentists.

**Methods:** A qualitative research design was employed, comprising in-depth interviews based on themes. Dental professionals were recruited based on a non-probability technique. Thematic analysis was used to explore qualitative data.

**Results:** Findings revealed that dentists had limited exposure to ReAttach therapy, often citing lack of awareness and training opportunities as contributing factors. Despite limited experience, dentists expressed openness to integrating ReAttach therapy into their practice and recognised the importance of interdisciplinary collaboration. Training needs and preferences for accessible and relevant education were emphasised.

**Conclusion:** Dentists in the Indian context demonstrated less experience with ReAttach therapy, primarily due to limited awareness and training. However, their openness to integration and recognition of collaborative and patient-centred care present opportunities for improving dental care for autistic paediatric patients. Efforts to increase awareness, offer relevant training, promote interdisciplinary collaboration, and prioritise patient-centred care are essential for advancing dental healthcare practices in this context.

**Keywords:** ReAttach therapy, autism spectrum disorder (ASD), dental professionals, paediatric dentistry, holistic care, patient-centered care.

### 1. Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterised by a range of challenges in social interaction, communication, and behavior. [1] Among the many aspects of daily life affected by ASD, dental care and oral health maintenance present particular challenges for both autistic individuals and their caregivers [2]. Dental professionals often encounter difficulties when providing care to autistic paediatric patients,

including sensory sensitivities, anxiety, communication barriers, and behavioural challenges. These challenges may result in compromised oral health and limited access to necessary dental treatments [3].

ReAttach therapy, a relatively novel intervention approach, has gained attention for its potential benefits in improving the overall well-being and functioning of individuals with ASD. [4] While primarily regarded as a psychological intervention, ReAttach therapy incorporates a holistic approach that encompasses emotional regulation, sensory integration, and communication enhancement. It takes a holistic approach to well-being, addressing emotional, sensory, and cognitive aspects of an individual's functioning. It emphasises the importance of addressing the whole person rather than isolated symptoms or behaviors. A central component of ReAttach therapy is the promotion of emotional regulation. Therapists work with individuals to help them recognise, understand, and manage their emotions in a healthy and adaptive manner. [5] However, its application in the context of dental care for autistic paediatric patients remains relatively unexplored.

This study aims to investigate the perceptions and experiences of dental professionals regarding the use of ReAttach therapy as an adjunctive approach in the dental care of paediatric patients with autism. By understanding how ReAttach therapy may be integrated into dental practice and its impact on patient experiences and outcomes, we aim to shed light on the potential benefits and challenges of this approach. Additionally, this study seeks to explore the perspectives of dental professionals on the collaborative aspects of care involving therapists trained in ReAttach therapy, potentially paving the way for more holistic and patient-centred approaches to oral health care for autistic children.

## **2. Materials and Methods**

This study employed qualitative data collection methods to comprehensively explore the perceptions and experiences of dental professionals regarding ReAttach therapy for autistic paediatric patients. Informed consent was obtained from all study participants. Confidentiality and anonymity for participants were ensured throughout the study.

The study participants included dental professionals who have experience providing dental care to paediatric patients with autism. Participants were recruited from various dental clinics and practices, including both specialised paediatric dentistry clinics. A diverse sample of participants in terms of age, gender, years of experience, and practice settings was sought to ensure a well-rounded representation of perspectives.

The sampling technique used was purposive. Saturation was used as a criterion to determine the sample size, with interviews continuing until no new themes or insights emerge. A structured questionnaire was administered to dental professionals to gather quantitative data on their attitudes, knowledge, and willingness to integrate ReAttach therapy into their dental care for autistic paediatric patients.

Various themes for the perceptions and experiences of dentists were formulated. Thematic analysis involved coding data from interviews and surveys to identify recurring patterns and themes within each of these categories. These themes provide a structured framework for understanding the rich and nuanced perspectives of dental professionals in relation to ReAttach therapy in the context of caring for autistic paediatric patients.

## **3. Results**

A total of 436 dentists participated in the study. The findings of this study are reported as per the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines for qualitative research. The study findings indicate that dental professionals were found to have less experience with ReAttach therapy, as seen in Table 1. The limited exposure was attributed to factors such as a lack of awareness, training opportunities, and time constraints. However, dentists expressed openness to integrating ReAttach therapy into their practice and identified training needs and preferences. The findings underscore the importance of raising awareness and providing accessible education to dental professionals to enhance their capacity to provide holistic care, including ReAttach therapy, for autistic paediatric patients.

**A. Dentists' Limited Exposure to ReAttach Therapy:**

Among the dental professionals surveyed and interviewed, a substantial portion of dentists reported having limited exposure to ReAttach therapy. Several dentists mentioned that they had heard of ReAttach therapy in passing but had not received formal training or education on the subject. Dentists generally expressed less familiarity with the principles and techniques of ReAttach therapy compared to dental hygienists and dental assistants.

**B. Reasons for Limited Experience:**

Dentists cited various reasons for their limited exposure to ReAttach therapy. These reasons included a lack of awareness, limited availability of training programmes, and competing demands on their time. Some dentists emphasised that their primary focus had traditionally been on clinical dentistry, and they had not explored holistic or complementary approaches extensively.

**C. Openness to Integration:**

While dentists had limited experience with ReAttach therapy, many (91%) expressed openness to the idea of integrating it into their dental care for autistic paediatric patients. Dentists recognised the potential benefits of holistic approaches like ReAttach therapy in improving patient experiences and outcomes.

**D. Training Needs and Preferences:**

Dentists who expressed interest in ReAttach therapy emphasised the need for accessible and relevant training programs. Many dentists preferred training formats that accommodated their busy schedules, such as workshops or online courses.

**E. Collaborative Care:**

Collaborative care emerged as a significant theme (63%). Dentists acknowledged the importance of interdisciplinary collaboration, highlighting the potential role of ReAttach therapists and other healthcare professionals in supporting autistic paediatric patients.

**F. Recommendations for the Future:**

Dentists provided recommendations for the future integration of ReAttach therapy into dental care. These recommendations included the development of interdisciplinary care teams, increased awareness and education opportunities, and a patient-centred approach to care.

Themes	Variables	Responses
Awareness and Knowledge of ReAttach Therapy:	Understanding of what ReAttach therapy entails.	Only 47% of the respondents were aware regarding ReAttach therapy
	Knowledge about the principles and techniques involved in ReAttach therapy.	Majority (58%) of the dentists were not aware of techniques
	Sources of information about ReAttach therapy (e.g., training, professional development, colleagues, literature).	Dentists primarily learnt about the therapy from literature
Attitudes Toward ReAttach Therapy	Perceived effectiveness and appropriateness of ReAttach therapy in dental care for autistic pediatric patients	87% of dentists perceived it to be effective
	Attitudes toward holistic approaches to patient care	Dentists felt "it was important" to adopt holistic approaches
	Openness to integrating ReAttach therapy into dental practice	Almost (91%) were open to integrate ReAttach therapy into practice

Themes	Variables	Responses
Experiences with Autistic Pediatric Patients	Challenges encountered when providing dental care to autistic pediatric patients.	Limited training resources and lack of awareness were the most commonly reported challenges
	Behavioral, sensory, and communication aspects of patient interactions	Most of the dentist reported interaction were difficult
	Personal anecdotes and case experiences related to autistic patients	Dentists reported apprehension during treating of autistic patients
Perceptions of ReAttach Therapy Benefits	Perceived benefits of ReAttach therapy for autistic pediatric patients in a dental care context.	All felt the therapy was beneficial
	Expected outcomes, such as improved patient cooperation, reduced anxiety, or better overall well-being.	Dentists felt patients would cooperate better after the therapy
Barriers to Integration	Potential challenges, including time constraints, resource limitations, or resistance from colleagues or patients.	Limitation of resources was the chief barrier to ingetrate thearpy into practice
Facilitators for Integration	Training and education opportunities.	Dentists perceived both training and collaboration to achieve optimal effect
	Collaboration with ReAttach therapists or other healthcare professionals	
Collaborative Care	Perspectives on collaboration between dental professionals and ReAttach therapists	63% reported collaboration was important
	Experiences of interdisciplinary care for autistic pediatric patients	
	Communication and teamwork within the healthcare team	
Patient-Centered Care	Emphasis on patient-centered care in the context of dental treatment for autistic pediatric patients.	76% felt that the dental clinic must be modified to adapt for the children
	Strategies for creating a comfortable and accommodating environment.	
Training and Education Needs:	Dental professionals' perceived needs for training and education related to ReAttach therapy	Training was considered mandatory by all dentists
	Preferred formats for learning (e.g., workshops, courses, online resources).	Preference was for hands on workshop

#### 4. Discussion

The findings of this study reveal that dentists in the Indian context generally have less experience with ReAttach therapy compared to dental hygienists and dental assistants. This observation is significant as it sheds light on the potential gaps in knowledge and training among dental professionals, particularly with respect to holistic approaches for providing dental care to autistic paediatric patients in India.

One prominent reason for dentists' limited experience with ReAttach therapy is a lack of awareness and exposure. In the Indian healthcare landscape, ReAttach therapy remains a relatively novel and less well-known approach compared to conventional dental care practices. This lack of awareness could be attributed to several factors. Dental education programmes in India often have a strong focus on traditional clinical dentistry, which may not include comprehensive training in holistic or complementary approaches like ReAttach therapy. Training programmes specifically focused on ReAttach therapy may be limited or not widely available in India, making it

challenging for dental professionals to access formal education in this field. [6] Dentists' limited experience with ReAttach therapy in the Indian context may also reflect the historical emphasis on clinical procedures in dental education and practice. Traditionally, the dental profession in India has been more inclined towards addressing dental issues through clinical interventions rather than exploring holistic approaches. However, as healthcare paradigms evolve, there is a growing recognition of the importance of patient-centred care and holistic approaches to healthcare, including dental care.

Despite their limited exposure, it is encouraging to note that many dentists in the Indian context expressed openness to integrating ReAttach therapy into their dental care for autistic paediatric patients. This openness reflects a willingness to adapt and explore new approaches that have the potential to improve patient experiences and outcomes. [7] Dentists who expressed interest in ReAttach therapy highlighted the need for accessible and relevant training programs. This finding is particularly relevant in the Indian context, where continuing education and professional development opportunities are highly valued. To bridge the gap in knowledge and experience, it is essential to offer training that aligns with the schedules and preferences of dental professionals. Collaborative care emerged as a significant theme in the study. Dentists in India recognised the importance of interdisciplinary collaboration, which is in line with the evolving healthcare landscape. [8] This recognition emphasises the potential role of ReAttach therapists and other healthcare professionals in providing comprehensive and patient-centred care for autistic paediatric patients.

The study acknowledges certain limitations, including sample size, sampling bias, and potential self-report bias. These limitations should be considered when interpreting the results and can guide future research efforts to address these concerns.

#### **Recommendations for the Future:**

The study's findings provide valuable insights for the future of dental care for autistic paediatric patients in the Indian context:

- **Awareness and Education:** Efforts should be made to increase awareness among dental professionals about holistic approaches like ReAttach therapy. Educational institutions and dental associations can play a pivotal role in promoting awareness and offering relevant training opportunities.
- **Interdisciplinary Collaboration:** Encouraging collaborative care by fostering relationships between dental professionals and ReAttach therapists can enhance the quality of care provided to autistic paediatric patients. This may involve developing referral networks and facilitating communication among healthcare providers.
- **Patient-Centred Approach:** Embracing a patient-centred approach to dental care, which includes considering the holistic well-being of the patient, aligns with global trends in healthcare. Dental professionals in India should prioritise patient comfort, communication, and overall well-being in their practice.
- **Continuing Education:** Providing ongoing opportunities for dental professionals to update their knowledge and skills, including training in holistic approaches, is crucial for keeping pace with evolving healthcare practices.

#### **5. Conclusion**

In conclusion, dentists in the Indian context have limited experience with ReAttach therapy, primarily due to factors such as lack of awareness, training opportunities, and historical emphasis on clinical dentistry. However, their openness to integration and recognition of the importance of collaborative and patient-centred care signals a positive shift in the dental healthcare landscape. Efforts to raise awareness, offer relevant training, promote interdisciplinary collaboration, and prioritise patient-centred care can contribute to the holistic well-being of autistic paediatric patients in India.

## References

1. Hodges H, Fealko C, Soares N. Autism spectrum disorder: definition, epidemiology, causes, and clinical evaluation. *Transl Pediatr.* 2020 Feb;9(Suppl 1):S55-S65. doi: 10.21037/tp.2019.09.09. PMID: 32206584; PMCID: PMC7082249.
2. Christensen DL, Maenner MJ, Bilder D, Constantino JN, Daniels J, Durkin MS, Fitzgerald RT, Kurzius-Spencer M, Pettygrove SD, Robinson C, Shenouda J, White T, Zahorodny W, Pazol K, Dietz P. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 4 Years - Early Autism and Developmental Disabilities Monitoring Network, Seven Sites, United States, 2010, 2012, and 2014. *MMWR Surveill Summ.* 2019 Apr 12;68(2):1-19. doi: 10.15585/mmwr.ss6802a1. PMID: 30973853; PMCID: PMC6476327.
3. Bellis W. The new normal - dentistry and the autistic patient. *Br Dent J.* 2021 Sep;231(5):303-304. doi: 10.1038/s41415-021-3376-2. Epub 2021 Sep 10. PMID: 34508208; PMCID: PMC8430280.
4. Elbeltagi R, Al-Beltagi M, Saeed NK, Alhawamdeh R. Play therapy in children with autism: Its role, implications, and limitations. *World J Clin Pediatr.* 2023 Jan 9;12(1):1-22. doi: 10.5409/wjcp.v12.i1.1. PMID: 36685315; PMCID: PMC9850869.
5. Fassbinder E, Schweiger U, Martius D, Brand-de Wilde O, Arntz A. Emotion Regulation in Schema Therapy and Dialectical Behavior Therapy. *Front Psychol.* 2016 Sep 14;7:1373. doi: 10.3389/fpsyg.2016.01373. PMID: 27683567; PMCID: PMC5021701.
6. Aulakh R. Making an IMPACTT: A framework for developing a dentist's ability to provide comprehensive dental care. *BDJ In Pract.* 2022;35(9):32-5. doi: 10.1038/s41404-022-1709-8. Epub 2022 Sep 5. PMCID: PMC9442550.
7. Chandrashekhar S, S Bommangoudar J. Management of Autistic Patients in Dental Office: A Clinical Update. *Int J Clin Pediatr Dent.* 2018 May-Jun;11(3):219-227. doi: 10.5005/jp-journals-10005-1515. Epub 2018 Jun 1. PMID: 30131645; PMCID: PMC6102426.
8. Polverini PJ. A curriculum for the new dental practitioner: preparing dentists for a prospective oral health care environment. *Am J Public Health.* 2012 Feb;102(2):e1-3. doi: 10.2105/AJPH.2011.300505. Epub 2011 Dec 15. PMID: 22390456; PMCID: PMC3484004.