



*‘I enjoy the positive impact we have on people’s lives’*

In 2021, *BDJ Team* Editor Kate Quinlan interviewed **Mariam Al-Ani** about her career as a paediatric dental therapist in Leeds. Four years on, Mariam has written her own article, picking up where we left off and sharing her advice for treating young patients with special educational needs and communicating with their parents.

#### Time flies

I can’t believe it’s already been four years since I was interviewed for *BDJ Team* (<https://go.nature.com/3Efz6kE>). Time really does fly! Since 2019, I became a mum to a beautiful boy who is now getting ready to start reception this September, God willing!

The journey to motherhood was a rollercoaster of emotions, especially going through labour during the COVID period. My little one needed some extra care in the NICU and even had a small operation a year later. Returning to work after maternity leave was a real shock to the system. I went back after seven months, and my breast pump quickly became my best friend during my lunch break! The nursery must have had my number on speed dial, constantly calling me to pick my son up whenever he was sick – which seemed to happen every week, especially after transitioning from a germ-free baby during COVID to one constantly surrounded by germs.

Despite all the changes, I am still deeply passionate about dental hygiene and therapy, and it’s hard to believe it will be ten years in July since I graduated (I feel so old). I’m incredibly proud to share that I was awarded the Highly Commended Therapist of the Year in September 2024 at the Dentistry awards. I was also a finalist in hygiene at the Clinical Dentistry Awards and in therapy at the Private Dentistry Awards. It’s been such a rewarding and fulfilling journey, and it meant so much to

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me reading the patient testimonials that helped me with my award application; it really made me realise how lucky I am.

### Some things I've learnt along the way

I'm still very hands-on with my paediatric dental therapy work at Clarendons, where I'm fortunate to work alongside four amazing paediatric specialists. They keep me busy with tasks like pulpomies, stainless steel crowns, fillings, and extractions. We're lucky to have such a beautiful, child-friendly practice and an NHS paediatric contract that allows us to treat children with special needs or complex dental issues.

I see a lot of children and it took a lot of trial and error to learn how to make their dental visits more enjoyable and end in a success. With my special education needs (SEN) patients I have developed a routine to try and make it as pleasant for them as possible.

For example, with my patients who have autism, I now make sure to try my best to do the following:

1. Ring parents ahead of the appointment to get an idea of what their child's likes are, so I can read up on their favourite things and we can talk about them during their appointments
2. I also make sure to ask parents about any dislikes their child might have, whether it's loud sounds or certain topics they don't like discussing. I also ask about any trigger words to avoid, so I can create a more comfortable environment for them.
3. After gathering all the information, I make sure to brief my nurse so we can support each other throughout the appointment. One thing I always remember is not setting up the suction in advance. It's easy to forget and accidentally grab it, which can scare children who aren't used to it. I also make sure to warn them beforehand if they will hear a loud noise. Sometimes, I even do a little impression of the suction sound before turning it on to help them prepare!
4. If the large suction is an issue, I opt for using the salivary ejector as much as I can to make the experience more comfortable for the child
5. I set a timer for how long I'll focus on a task, so the child knows when to expect a break. As they relax, we gradually build up the time. For example, when using an ultrasonic or hand scaler, I count in tens out loud (or based on the agreed time), and then I stop to give them a break. Over time, they become more comfortable, and I can continue with the rest of the cleaning
6. I also ask parents to bring anything that



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might comfort their child, like ear defenders or a favourite comfort item such as a weighted blanket or teddy, to help make the visit more calming and familiar for them.

### Sometimes, despite all the preparation, things don't go as planned

I had a case where a child had a severe meltdown after I placed a temporary filling. She really disliked the new feeling and had become used to feeling the hole with her tongue. She became extremely upset, fell to the floor screaming and even hitting her mum. In that moment, I made sure to remove anything unsafe and asked the mother how I could best support her. She asked me to step back so she could comfort her child. I reassured her that she didn't need to apologise and I made sure that the mother felt comfortable staying in my surgery while this was happening, ensuring she didn't feel embarrassed or like she wanted or needed to leave. It was important to me that she knew she was welcome and supported throughout the process.

After they left, I still had time left in my

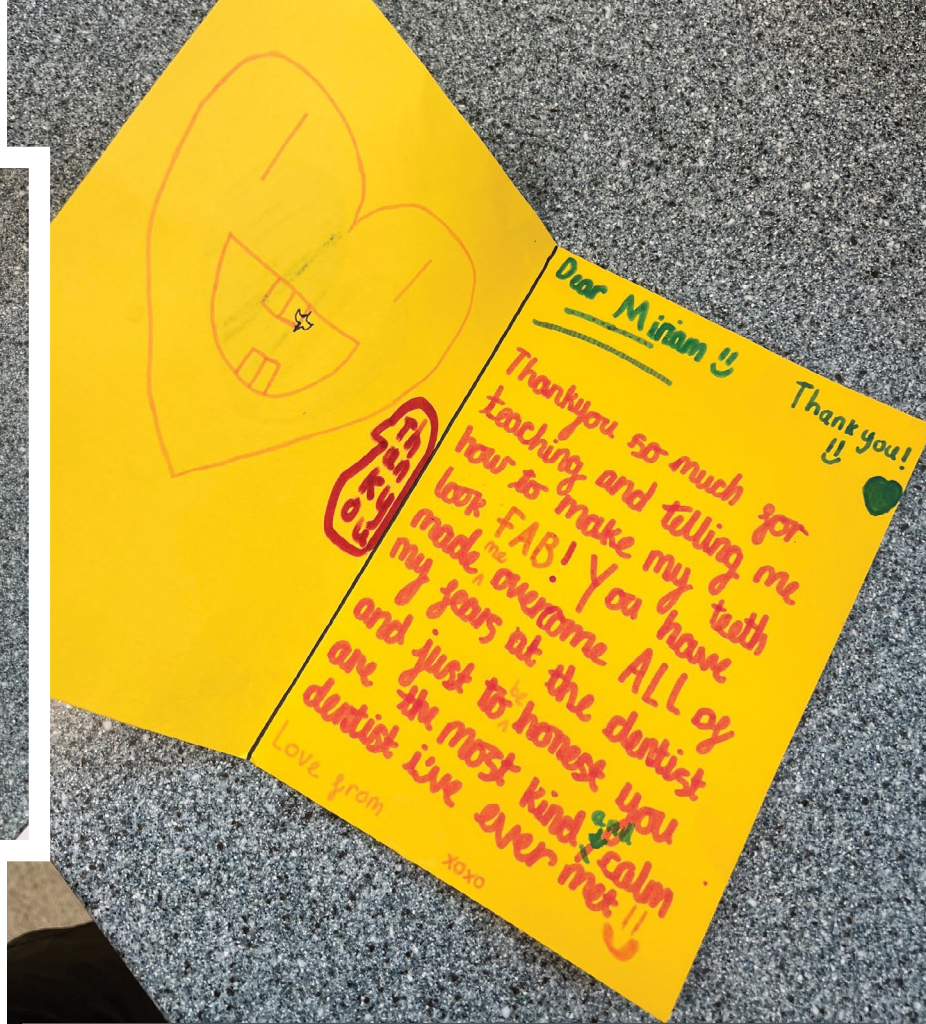
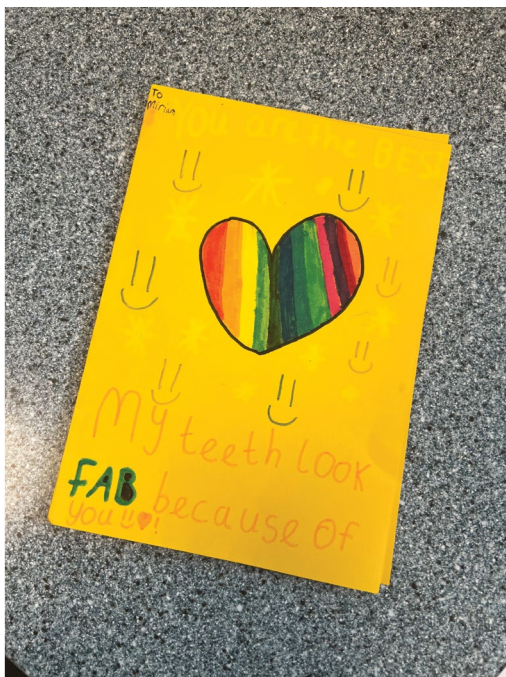
schedule. About 15 minutes later, I heard a knock on the door – mum and the child were back! It turned out the child wanted to finish the treatment, especially since it was her favourite part, a plaque-free score. She even brought along her favourite toy, a Snitch from Harry Potter. Luckily, being a big Potter fan myself, I was able to distract her with some Harry Potter chat! By the end of the appointment, she was happy, and so was her mum. They both felt safe and reassured that they would always be welcome back, no matter what.

### Another example

I had another case with a child who needed temporary fillings. He was autistic and had experienced many failed attempts with his own dentist. His mum was very eager to get the treatment done and really wanted me to







complete it that day. When I explained that I didn't think it was wise and suggested we try again another time, I could see the frustration and tears in her eyes, and my heart really went out to her. I could sense how helpless she felt, wanting so much to help her child.

I reassured her that I wasn't giving up, but that I needed to understand her son's likes and dislikes, and give him time to acclimate and get to know me. While I could have pushed ahead with the treatment, I knew that it would harm the child's relationship with the dentist in the long run. I wanted to set the foundation for him to feel safe at the dentist for years to come.

The mother felt reassured when I told her that I wasn't giving up. I could tell she appreciated hearing that because, in the past, she had felt her child had been passed from one place to another with no success. It was important to me to read the situation and make sure she knew I was committed to helping her son. During the second visit, we successfully completed all the treatment, and both mother and son left feeling very happy.

Sometimes, it's important to encourage parents to let us take a step back, even if they're eager for us to complete the treatment. It's essential to prioritise building trust and making the child comfortable, which might take a little more time. This approach helps ensure a positive experience in the long run.

### It's all a learning experience

I've also learned just how important it is to understand a child's specific dislikes. For example, I once made the mistake of referring to glass ionomer cement as 'toothpaste' to a child with autism. His mother quickly pointed out that this was the worst analogy for him,

as he had a strong dislike for toothpaste other than his own. He became really upset, and it reminded me how crucial it is to be mindful of my wording.

It's also not uncommon for children with autism to take what you say quite literally. For instance, when I usually refer to the suction as a 'hoover', they could interpret it quite literally and become frightened. I've learned that it's often better to describe exactly what the suction does rather than try to use a less frightening term. Being clear about what to expect helps to reduce anxiety and make the experience less intimidating. You will find for that reason patients can be really inquisitive and ask a lot of questions about what you are about to do.

### Some toothpaste tips for SEN kids

It can be a real challenge for parents to find the right toothpaste and toothbrush for their child, especially when they have specific dislikes. I've noticed that a toothpaste some

children with autism really get along with is the HiSmile dupes, often found in B&M. It's called OGX Feelin' Grape, and it has the right amount of fluoride but doesn't foam as much as regular toothpaste or taste as strong. There are also other flavours. I often recommend oraNurse toothpaste (unflavoured and non-foaming), but it's not always a hit. Ultimately, parents usually find something that works for their child (after many trials and error), and I encourage them to try and check for the correct fluoride content and avoid whitening toothpastes.

I always encourage parents to go with what makes their child happy and will encourage them to brush as it's better than not using toothpaste at all. It's important to understand that getting children, especially those with SEN, to cooperate isn't as simple as forcing them. That's why I make sure parents don't leave feeling judged or like they're not doing enough. If it's evident that they are trying their best, we need to support them with that.

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### **We listen and we don't judge (no, I don't mean that TikTok trend!)**

I have always been really understanding to parents struggling to get their children to cooperate, but even more so after having a child of my own. I have realised it's actually really hard to follow the advice we give to a 'T'. This is particularly the case when it comes to the 'four acid attacks a day'. My son has breakfast at preschool, lunch, snack and tea and by the time he is home he is of course a bottomless pit and starving so has a supper/second tea – which is very hard to keep sugar free!

It's important you let parents feel relatable and not judged. I know there are many instances where parents can do more and tough love is necessary but it doesn't always work. The number of times I have had parents turn around and say thank you for not 'telling them off' and not making them feel judged or like rubbish parents is disheartening. Parenting isn't always easy, and we can encourage parents to do better without making them feel judged.

### **Being a mum to a toddler has certainly helped**

Being a mum to a three-year-old has really helped me treat toddlers more successfully, as I've learned how to communicate with them better and make them laugh. I feel like I'm always up to date with what's on trend, especially when it comes to kids' music and all the lyrics that come with it! Once I figure out what a patient's favourite songs are, I can always count on blasting some *Bluey* or *Frozen* and having a good old sing-along and dance session with them. It's amazing how well the music distracts them, making it easier for me to carry out the treatment they need. Of course, I couldn't do it without my wonderful nurses, who always laughs a little too much at my dance moves and foot tapping. They must be jealous – or maybe just don't realise that *Bluey* music is definitely very much on trend these days, ha-ha!

Sometimes, the children will bring their favourite toy with them, whether it's a teddy or some cars. When it's a teddy, I make sure to give the teddy a check-up too and even put a little mask on them for fun. The kids love seeing their toys get involved. If it's race cars, we often race the mini toy cars on the dental chair to see which one will win. It's a great way to keep child patients entertained and distracted, and it also makes them feel like they're in a safe place. This little bit of fun helps to create a positive experience, so they feel more at ease during their treatment.

Sometimes, a dental setting can feel a little too rushed and serious, and you might feel like

***'There's nothing quite like helping someone out of pain, allowing them to keep their teeth longer, or giving them the confidence to smile again!'***

you don't have time for this type of behaviour management. However, it doesn't actually take that long to make patients feel safe and comfortable, and it can save you time in the long run. When kids feel secure and relaxed, they're less likely to have a meltdown due to fear. In fact, I can often carry out treatments like crowns and extractions within 25 minutes. Taking those few extra moments to build trust makes the whole experience smoother for everyone involved.

### **Giving oral health advice to older kids and parents in general**

When offering oral hygiene and diet advice, it's crucial that we avoid coming across as judgemental from the moment we start speaking with patients or parents. I always begin by saying, 'You can have a really healthy diet and still experience decay', instead of assuming or immediately suggesting that the child is only eating junk food. It's essential to recognise that parents often face numerous challenges, such as the cost of living, behavioural issues with their children, or conditions like ARFID [avoidant/restrictive food intake disorder] or other eating disorders.

It's also vital that the dental nurse working alongside you understands this perspective. I recall working with a lovely agency nurse during a diet recall with an anxious and sensitive child. The child was vague about their diet, claiming they couldn't remember or that they had very little to eat. Unfortunately, my nurse was trying to help and unexpectedly pressed the child a little too much, saying, 'You don't need to lie; you can tell us the truth, and you won't get in trouble.' This made the older child feel upset and frustrated, as they felt we didn't believe them. In situations where a diet recall is unclear, I typically offer general advice and suggest keeping a diet diary for future review, especially if I'm scheduled to see the family more than once.

### **Wrapping up**

The world of paediatric dentistry can truly feel like a whirlwind, and I'd be lying if I said it was easy every time – it's far from it! Children are so unpredictable, even in the



best circumstances. There have been many moments during appointments where I've questioned whether I'll be able to complete the treatment. Sometimes, you have to accept 'defeat', but I always find comfort in knowing that I didn't give up without putting in my best effort.

I have a genuine love for both dental hygiene and therapy, despite their differences. What I enjoy most is the positive impact we have on people's lives. Receiving gratitude from my patients makes it all worthwhile. There's nothing quite like helping someone out of pain, allowing them to keep their teeth longer, or giving them the confidence to smile again! I truly hope the advice I gave was helpful.

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