

Teeth Grinding in Children

As children adjust to the teething process, they may begin to grind their teeth, either while awake or during their sleep. Teeth grinding — known as bruxism — is a common issue. According to medical experts, 20 to 30 percent of children grind their teeth or clench their jaw, often during sleep or as a reaction to stress. As a caregiver, you may be concerned if you notice your child has made a habit of grinding their teeth. While most children grow out of it naturally, you will want to handle their bruxism early to prevent tooth damage and decay.

What is Bruxism?

Bruxism is the medical term for the grinding of teeth or the clenching of jaws. Bruxism is common. Two to 3 out of every 10 children will grind or clench, experts say. Children who grind their teeth tend to do so at two peak times -- when their baby teeth emerge and when their permanent teeth come in. Most children lose the teeth grinding habit after these two sets of teeth have come in more fully. However, some continue to grind their teeth into adolescence and even adulthood. Bruxism often happens during deep sleep phases.

The most common signs and symptoms of bruxism include:

- Grinding or popping noises when your child sleeps, caused by the teeth grinding and moving against each other.
- Tooth sensitivity or pain when chewing or biting, caused by the pressure and stress placed on the teeth when grinding frequently.



- Your child may complain of jaw pain or soreness, earaches or headache. This is due to the overuse of jaw muscles when grinding the teeth.
- Unusual wear & tear may be present on your child's teeth, or your child's teeth may be chipped. This is diagnosed by a dentist.

What Causes Bruxism?

Bruxism can be caused by a number of different factors. In some cases, children may grind their teeth because the top and bottom teeth are not aligned properly. For babies, as their teeth first start to erupt, the bite is relatively unstable, or slippery, as there are not enough teeth to make contact with each other. Others do it as a response to pain, such as from an earache or teething. Children might grind their teeth as a way to ease the pain, just as they might rub a sore muscle. Many children outgrow these fairly common causes for grinding.

Stress — usually nervous tension or anger — is another cause. For instance, a child might worry about school or a change in routine, which prompts a response to grind their teeth or clench their jaw.

Some children who are hyperactive also have bruxism. Sometimes children with other medical conditions (such as cerebral palsy) or who take certain medicines can develop bruxism.

How is Bruxism Diagnosed?

Many children who grind their teeth are not aware of it. Often other members of the family identify the problem because they hear the bothersome sound.

Some signs to watch for:

- Grinding noises when your child is sleeping
- Complaints of a sore jaw or face after waking up in the morning
- Pain with chewing

If you think your child is grinding his or her teeth, visit the dentist, who will examine the teeth for chipped enamel and unusual wear and tear, and spray air and water on the teeth to check for unusual sensitivity.

If damage is found, the dentist may ask your child a few questions, such as:

- How do you feel before bed?
- Are you worried about anything at home or school?
- Are you angry with someone?
- What do you do before bed?

The exam will help the dentist see whether the cause is anatomical (misaligned teeth) or psychological (stress), and come up with an effective treatment plan.

How is Bruxism Treated?

Most children outgrow bruxism, but a combination of parental observation and

dental visits can help keep the problem in check until they do.

In cases where older children are grinding their teeth and clenching their jaw, dentists may prescribe a special night guard. Molded to a child's teeth, the night guard is similar to the protective mouthpieces worn by athletes. Though a mouthpiece can take some getting used to, positive results happen quickly.

How Can Caregivers Help Children With Bruxism?

Whether the cause is physical or psychological, children might be able to control bruxism by relaxing before bedtime — for example, by taking a warm bath or shower, turning off electronics at least 30 minutes before bed, listening to soothing music, or reading a book.

For bruxism that is caused by stress, ask about what is upsetting your child and

discuss your child's concerns with them. If your child has trouble sleeping or is acting differently than usual, your child's primary care provider may suggest further strategies.

Other tips to help stop teeth grinding include:

- Avoid foods and drinks that contain caffeine, such as sodas and chocolate.
- Discourage your child from chewing on pencils or pens or anything that is not food. Avoid chewing gum as it allows the jaw muscles to get more used to clenching and makes your child more likely to grind their teeth.
- Have your child relax his or her jaw muscles at night by holding a warm washcloth against their cheek. Or, try massage and stretching exercises to relax the muscles.
- Make sure your child's diet includes plenty of water. Dehydration may be linked to teeth grinding.

Dental Visits

Children in the child welfare system are at risk for unrecognized and untreated medical, dental, developmental and mental health problems. As youth with these special health care needs, children and adolescents in out-of-home placement require more frequent monitoring of their health status.

The RFA Written Directives require that each child in your placement receive dental health services. Every child over the age of one needs a dental exam within 30 days of placement. In addition, children are required to receive dental care every six months. All children in foster care receive Medi-Cal, which will cover their medical and dental needs.

A health care provider needs to complete an 1132-C Health and Dental Form every time a child in your home has a medical, dental or specialty visit. This form can be emailed to NOD.Line@sfgov.org or faxed to (415) 355-2357. This form or any reports should be sent as soon as possible after each visit for documentation purposes. Keep a copy for your files. The 1132-C form can be obtained by asking your child's Protective Services Worker (PSW) or Public Health Nurse (PHN) to mail the form to you or the form can be found online here: foster-SF.org/information/health-care-requirements/.

If you need assistance finding a dental provider in your area, please contact your child's PHN or leave a message on the Nurse of the Day line at 415-558-2656.



SECTION 11-08: Personal Rights

(a) A Resource Family shall ensure that each child and nonminor dependent is accorded the personal rights specified in Welfare and Institutions Code section 16001.9.

(b) In addition to subsection (a), a Resource Family shall ensure that each child is accorded the following personal rights:

(15) To receive medical, dental, vision, and mental health services.



Champions for Children **Katie and Ben Dickinson**

Katie and her husband, Ben, are dedicated resource parents who have set the bar high. They are deeply invested in supporting the children in their care, and advocating for their needs. Over the past two year, they have opened their home to seven children, including siblings with special needs. Prior to the pandemic, the siblings in their care had on average 30 appointments on a monthly basis, ranging from medical, developmental, educational and in-person visits with providers and the children's respective parents.

The COVID-19 pandemic has heavily impacted the lives of so many families. For resource parents and children in foster care, they are not just feeling the weight of the pandemic, but their access to in-person resources that normally would help them to cope with changes or other needed support services are severely limited. Katie and her husband are familiar with this challenge. "Being a foster parent during COVID has been hard," Katie explains. During this time, she taken on the role of being an occupational therapist, speech therapist, and physical therapist to the children in her care, in addition to being their teacher and home away from home.

"Aside from having kiddos that have special needs, figuring out biological parent visitations during COVID has been especially challenging," Katie further adds. The Dickinsons have supported their chil-



dren with virtual visits and collaborated with the agency to make other accommodations that support reunification. "Virtual visits have changed the relationship with biological parents. For the first time, parents are seeing inside our home, seeing our parenting style up close. But it has also brought us together for more communication," says Katie. Katie and Ben always consider the children's parents for holidays, birthdays and regularly send photos and videos to biological parents. They are intentional with their communication and keep everyone updated.

The children in Katie and Ben's care continue to excel at impressive speeds. They have become more confident in themselves, more independent in problem

solving, and overall happy, for which Katie and Ben have been an integral part of. Katie and Ben expressed that watching children not only grow but succeed has been the most rewarding part of being a resource parent. Some of the children who have reunited with their parents are still in contact with Katie and Ben, a testament to the strong support they have provided.

"There is a lot of chaos in having a lot of kids in the house, but a good kind of chaos, so buckle up and enjoy the ride," advises Katie to other parents. The other advise that she has for parents is to be flexible, be communicative, but most of all, be really, really kind. The SA/HIV Infant Program they completed prior to becoming resource parents is something they lean back on as a helpful resource, as well as getting to attend conferences. But, there is also a lot of learning on the job so Katie suggests having a support group and a resource parent mentor is valuable.

San Francisco Family and Children's Services along with the Parenting for Permanency College thank Katie and Ben Dickson for their commitment to children, support in reunification, and communication with the agency. But most importantly, the love and dedication they have for foster youth is paramount and it shows in the care they provide. Congratulations to Katie and Ben, our Champions for Children!

K.I.D.S.

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Newsletter Website: <https://sfcaresforkids.org/kids-newsletter/>

Helpful Phone Numbers

HSA Operator	(415) 557-5000
CPS Child Abuse Hotline	(800) 856-5553 or (415) 558-2650
Foster Care Ombudsman	(415) 558-2828
Transportation Duty Line	(415) 557-5376
Licensing/RFA/Recruitment Hotline	(415) 558-2200
Free Foster Parenting Respite Service	(415) 861-4060 x 3035
Community Services	211
Non-emergency Government Services	311

FCS Agency Directory: www.sfhsa.org/174.htm

Alternative Family Services-PPC Training

RFA Pre-Service Approval Training	
English RFA Pre-Service Training	March 23-April 1, 2021 (Tues/Thurs) 5:15-9 p.m.
Spanish RFA Pre-Service Training	March 13-20, 2021 (Saturdays) 8:45 a.m. - 4:30 p.m.
SA/HIV Training	
SA/HIV (English)	April 10-May 8, 2021 (Saturdays) 8:45a.m. -5 p.m.
Ongoing Training	
CPI: Non-Violent Crisis Prevention (English)	March 6, 2021 (Saturday) 8:45 a.m. - 3:30 p.m.
Educational Monthly Training Series (Part 3 & 4) (English with Spanish translation available)	March 3, 2021 and April 7, 2021 5:15-7 p.m.

To register for training please contact Alternative Family Services (AFS)-PPC Training @ ppc@afs4kids.org or contact your RFA Worker. All training is through Zoom until further notice.

Other RFA Ongoing Training Resources:

(Reminder: Approved Resource Families are required to complete 8 hours of training yearly)

Foster Parent College: <http://www.fosterparentcollege.com>

QPI California-Just In Time Training: <http://www.qpicalifornia.org>

Mandated Reporter Training: <https://mandatedreporter.ca.com>

Resource Parent Meetings and Support Groups

Resource Family Meetings:

For more information about Resource Family, meetings please contact your RFA Worker or Arlene Hylton at Arlene.hylton@sfgov.org or 451-557-5067.

Caregiver Quarterly Meeting - Quarterly

(6-8 p.m.) April 6, 2021

Resource Family Convening - Bi-monthly

(5-7 p.m.)

3rd Wednesday of EVERY OTHER month - March 17, 2021

Quality Parenting Initiative Meeting (QPI)

4th Thursday of Month (11 a.m. -12:30 p.m.)

March 25, 2021 & April 22, 2021

Support Groups:

Resource Family Support Groups (SA/HIV) (7:30 to 9:30 p.m.)
3rd Tuesday (English) and 3rd Thursday (Spanish) of each month, 7:30 to 9:30 p.m. unless otherwise announced. To attend SA/HIV Support Group, contact Sharon Walchak at (510) 282-4658.

English: March 16, 2021 & April 20, 2021

Spanish: March 18, 2021 & April 15, 2021

COFFEE WITH CAREGIVERS

Coffee with Caregivers Supports Relative, Non-Relative, Adoptive and Guardianship Caregivers. Grab your favorite drink and snack and join us during the following virtual meetings. To register please Email Nichole at narnold@cacaregivers.org Fridays from 1:30-2:30 p.m.

March 5, 12, 19, & 26, 2021 And April 2, 9, 16, & 23, 2021

Education Corner

The SF Resource Family Mentor Program, Family and Children's Services (FCS), and the San Francisco Unified School District (SFUSD) are collaborating to bring you a series of monthly trainings focused on K-12 education. These trainings take place the first Wednesday of the month from 5:15-7:00 p.m., and cover a broad range of topics in areas such as educational advocacy, special education, and distance learning. We hope you can take advantage of this great resource! For registration, please e-mail ppc@afs4kids.org or call Jeana at (510) 852-9708.

And as a reminder, if you need any help related to K-12 education, you can always reach out to your social worker or to San Francisco's foster youth education liaisons:

- Gloria Anthony-Oliver, FCS Education Liaison, gloria.anthony-oliver@sfgov.org, 415-636-2224
- Shira Andron, FYS Coordinator, androns@sfusd.edu, 628-900-3427
- Nelson Cabrera, FYS Education Liaison (Child Welfare and Attendance), cabreran@sfusd.edu, 415-242-2621 x3255
- Susana Diaz, FYS Education Liaison (Head Counselor), diazs1@sfusd.edu, 415-242-2615 x3310
- Alicia Rodriguez, FYS Education Liaison (School Social Worker), rodriguez@sfusd.edu, 415-242-2615 x3061