

# Appendix 13: Tips for Making an Oral Care Visit Successful for the Client With Autism

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## **As the dental care provider, it is important to:**

- ◆ Schedule the visit for a time when the clinic is least busy. Some clinicians have even opted to open their practice on Saturday to create the quietest environment possible. Others schedule just before, or just after, regularly occurring office hours.
- ◆ Minimize wait time. Families often appreciate a heads-up if appointments are running behind.
- ◆ Use consistency in scheduling (same staff, same room, same chair). Consistency is especially important in the initial phase of visits.
- ◆ Use consistency in approach to exam – same sequence of events, familiar language/ instructional approach.
- ◆ Make manipulatives available in waiting area and in exam space.
- ◆ Ask family if child has a sensitivity to certain types of lighting. May need to modify during visit, if an issue.
- ◆ Make pictures of office building, exam space and chair, orthodontist/dentist, hygienist, available to family. Laminating will improve durability. Take a picture of a child happily undergoing an exam and make available to family for use in picture schedule.
- ◆ Make icons of tools used and create a sequence sheet. Creating a velcro sheet will allow sequence to be re-used and individualized for patients.
- ◆ Schedule a series of brief visits for newly entering patients. Pre-determine goals for each visit, in consultation with family. Keep visits successful. Avoid “going the extra mile” and squeezing in extra steps.
- ◆ Schedule a series of brief visits before a specific procedure to familiarize patient with expected experiences (and staff if it is a new patient).

## ***Partner with families to create a successful experience***

Consult with the family during an initial visit without the child present, or over the phone if that is more convenient for the family. Often unstructured time, especially during adult conversation, poses a significant challenge to the child, and therefore to the parent.

## Topics for discussion

- ◆ Is a system of positive reinforcement used in child's learning process? If so, what are the preferred reinforcers? If reinforcers are to be used, determine who will provide. Often the parent is quite willing to do this, if they are familiar with this type of approach.
- ◆ How is oral care performed at home? How much prompting is required? What is child's level of tolerance and/or participation in oral hygiene? Is toothpaste used? Is mouthwash used?
- ◆ What techniques does the family employ to increase successfulness in learning new skills? What are their suggestions for employing those techniques in a clinical setting?
- ◆ Encourage caregivers/families to practice anticipated pieces of the exam at home. Provide them with tools such as popsicle sticks, bitewings, and the mouth mirror, for practicing. Once the child can tolerate the experience in a sitting position, suggest progressing to practicing with child in a supine position – if they own a recliner, so much the better.
- ◆ Emphasize importance of making practice sessions successful. Keeping them brief, progressing slowly, and offering immediate reinforcement are strategies for improving outcomes.

## Troubleshooting for problems

Questions for families and caregivers to help increase sensitivity to subtle changes in child's behavior that may be indicative of a dental issue—especially important for the child with minimal or no verbal communication ability:

- ◆ Has there been a change in the child's eating habits? For instance, does he or she prefer soft foods over the usually preferred crunchy or hard items?
- ◆ Has the child been avoiding chewing on one side of the mouth or the other?
- ◆ Is drooling present or increased?
- ◆ Does the child grimace while eating, or stop eating frequently during meals?
- ◆ Does he or she chew on nonfood items? Does there seem to be an increase in this?  
Are the items rubbery in texture?

Making the visit a positive experience for the child is arguably the most important task to accomplish. Avoid the urge to “just get this one more thing done”, or to push ahead when the child begins to show signs of frustration and anxiety. Frequently, not only does the desired task not get accomplished, but the child is even less willing to repeat any aspect of a future visit. In the event a visit is perceived as a rather negative experience, schedule another visit, or series of visits, for the purpose of regaining the child's trust. Make the goal whatever task can be successfully accomplished (even if it is just sitting in the chair), with lots of verbal approval and or positive reinforcement.

Much time and attention is required to successfully treat a child or adult with autism, but once the foundation is laid, it pays off in dividends. Not only can you feel confident about the care the child receives, but the visits become progressively more pleasant and productive instead of more anxiety producing for everyone.

*Information provided by the Northwest Autism Center, 127 W. Boone Avenue, Spokane, WA 99201; 1-509-328-1582; [www.nwautism.org](http://www.nwautism.org)*