



Student Resource Guide

7. Oral Health



Oral Health

OUTCOMES

When you finish this session, you will be able to:

- Describe major obstacles that keep individuals from having good oral health.
- Identify ways to overcome informational obstacles to good oral health.
- Identify ways to help overcome physical obstacles to good oral health.
- Identify ways to overcome behavioral obstacles to good oral health.
- List the goals of the oral hygiene session.
- Describe how to brush teeth correctly.
- Describe the steps to prevent infection during oral hygiene.
- Identify the ways a DSP can help individuals become active participants in oral hygiene.
- Explain the purpose of the Oral Health Care Plan and Oral Hygiene Skill Survey.

KEY WORDS

Key Word	Meaning	In My Own Words
Bacteria	Single-celled living things which are always present in the plaque and saliva.	
Decay	Cavities (holes in the teeth) caused by acid from bacteria. The acid dissolves the tooth enamel and roots of teeth.	
Desensitization	A process used to lessen an individual's fear of a specific activity or situation. The individual is taught to relax when exposed to the anxiety causing activity or situation.	
Generalization	Using a newly learned skill in whatever situation the individual needs or wants to use the skill.	

KEY WORDS (CONT.)		
Key Word	Meaning	In My Own Words
Gum Disease	Red, swollen, and bleeding skin inside the mouth which may be a sign of infection. Pain is a late sign of mouth infection.	
Mouth Care	Daily activities that reduce or eliminate infections of the gums and decay of teeth.	
Mouth Prop	An object used to keep the mouth open while mouth care is performed.	
Oral Health Care Plan	A form the planning team can use to write down the oral health activities for the individual. The activities in this plan include brushing, flossing, and the use of fluoride and other products to make teeth stronger and to fight gum infections.	
Oral Hygiene	Mouth care.	
Oral Hygiene Session	The time in an individual's daily routine when they attend to mouth care.	
Oral Hygiene Skill Survey	A document the DSP can use to determine the oral hygiene skill level of the individual he or she is assisting and to keep track of improvements in the level of skill.	
Plaque	A sticky, tooth-colored, and sometimes invisible layer of bacteria (germs) that grows on the sides of the teeth and below the gums.	
Reinforcers	Rewards given for a desired behavior.	
Shaping	Teaching a skill by reinforcing behaviors that appear closer and closer to the desired skill.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

.....
What do you **already know** about oral health?

.....
What do you **want to know** about oral health?

.....
To be answered at the end of the session, during review:
What **have you learned** about oral health?

As a DSP you may provide or assist with the mouth care (**oral hygiene**) for individuals who have different kinds of special needs. You may also be caring for others who need assistance, such as children or elderly parents. The information in this session can be used to help them all. It will give you the knowledge, confidence, and ability to help individuals you are assisting develop good oral health and enhance their independence. When they have good oral health, it will improve the quality of their lives.

Individuals with disabilities are at risk for oral health disease because they often do not know how, or are unable, to

care for their teeth and gums. Obtaining the services of a dentist, getting to the dentist's office, and paying for care are often very difficult for the individual and the DSP.

As in other areas of the DSP's work, prevention of oral health diseases and problems is the number one priority! Maintaining oral health means the individual can:

- Avoid cavities, gum infections, pain, or tooth loss.
- Chew and enjoy a wide variety of foods.
- Feel good about the way he or she looks.

Planning for Success

Identifying the Three Major Obstacles to Oral Health

When individuals have problems taking care of their teeth, it is necessary to identify factors that block good oral hygiene. Once the blocks or obstacles are known, plans can be made to remove them. Removing the obstacles helps the individual to have a healthy mouth and to become as healthy and independent as possible in self-care. Here are three kinds of obstacles you may see.

1. Informational Obstacles

Some individuals do not know what causes gum disease or tooth decay. They do not know what products are needed, the best way to brush their teeth or how long to brush. Others may have no idea how to floss their teeth. They need careful teaching or demonstrations in order to learn good methods. This session will provide information on disease and actions to prevent disease.

2. Physical Obstacles

Some individuals understand what needs to be done and are willing to do it, but are not physically able. They may have physical disabilities that make the activities of oral hygiene difficult to complete. Some may be able to participate partially in their own care, and the DSP must do the part that they cannot do. Sometimes a change in the dental hygiene tools, such as modifying the handle of a toothbrush or floss holder, can improve the individual's ability to use them independently. This session will describe methods and equipment a DSP may use to help individuals participate in their oral care as much as possible. Also shown are ways to help individuals complete the steps they cannot complete independently.

3. Behavioral Obstacles

Some individuals are able to do most or all of their own oral care, but resist doing it. Their resistive behavior is a serious obstacle to oral care. Resistance may be a habit, it may be due to fear,

or it may be a learned behavior. This session describes positive ways to help people change behavior and replace behavioral obstacles with cooperation or independence in daily oral hygiene.



Every Person Needs an Oral Health Plan

This session describes how to use an **Oral Hygiene Skill Survey** and an **Oral Health Care Plan** to record progress, decide what to do next, and communicate the oral health plans to others involved in the individual's care. These worksheets, Appendices 7C and 7B respectively,

are useful to plan and record progress toward oral health. These forms show what the individual can do. Once you know someone's skills and problems, the planning team can make a plan for teaching him or her new skills.



A C T I V I T Y

Identifying Obstacles to Good Oral Hygiene

Directions: *Pair up with another DSP in the class. Discuss one of the individuals that you support who needs assistance with oral hygiene procedures. For each problem, decide together whether it is an informational, behavioral, or physical obstacle to good oral health.*

Obstacles to Good Oral Hygiene

Obstacles	Informational?	Behavioral?	Physical?
.....			
.....			
.....			
.....			
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.....			



A Healthy Mouth

With proper cleaning, care, and visits to the dentist, an individual's teeth can last a lifetime. If one follows a daily routine of proper oral hygiene, they can chew their food better, avoid pain, and enjoy a clean feeling in their mouth.

There are signs that indicate a healthy mouth.

A healthy mouth should have:

- Pink gums, but racial makeup may be a factor in the color of gums and make them appear darker.
- Gums that fit tightly around all teeth.
- Teeth that are white, without any dark or broken areas.
- Teeth that are shiny and reflect light easily.
- Teeth that sit firmly in the mouth and do not wiggle.



An Unhealthy Mouth

In an unhealthy mouth, there are signs that indicate the gums have infections or teeth have become decayed.

Signs of gum disease and tooth decay are:

- The gums are red and swollen and tend to bleed easily.
- The gum has become loose and pulled away from the tooth instead of being tight against the tooth.
- Darkened areas are seen at the gum line where the tooth and gum come together.
- A tooth or teeth may be loose.

- Dark and soft areas are present on the teeth.
- Teeth may be broken or have holes in them.

It is **not** normal to have any of the signs listed above.

Plaque is the major cause of tooth decay and gum disease. Plaque is a sticky, tooth-colored, and sometimes invisible layer of **bacteria** (germs) that grows on the sides of the teeth. Although they live in the mouth, these bacteria are harmful.

Diet And Oral Diseases

Bacteria in the plaque uses sugar to make acid. It happens like this:

- When sugar is eaten, the bacteria in the mouth uses sugar to create acid.
- The acid stays in the sticky plaque next to the tooth and gums.
- In time, the acid eats into the tooth and makes cavities.
- In time, the acid irritates the gums and starts gum disease.

The damage done by plaque can be lessened by reducing the frequency of having sugar in the mouth and minimizing the use of foods that contain acids.

- The frequency of eating and drinking foods that contain sugar should be reduced as much as possible. Using sugar-containing mints, gum, or candy keeps sugar in the mouth a long time and allows the bacteria in the plaque to produce more acid over a longer period of time.

Diet And Oral Diseases (cont.)

- Sugar eaten *between* meals is worse than sugar eaten *with* meals. Eat non-sugar snacks such as carrots or popcorn between meals.
- Sugar is contained in many foods. Read food labels and look for the sugar content. Some cereals and bread have high amounts of sugar. Many liquid medicines contain sugar. Fruits contain sugar and citric acid which can also damage teeth. Soft drinks and fruit drinks contain sugar.
- “Sugarless” drinks still contain acid. The acid can also dissolve the teeth.
- Foods that have sugar and stick to the teeth, such as honey or taffy, are worse than foods with sugar that don’t stick to the teeth, such as drinks or jelly. The longer the food sticks to the teeth, the longer the bacteria has time to produce acid.
- Sweets should not be used as a reinforcer. If rewards are going to be needed regularly, then use a non-sugar food. Other reinforcers could be flavored mouthwash, a new flavor of toothpaste, or social rewards. You can consult an individual’s planning team for ideas about other rewards to use.

Plaque and Oral Disease

When the bacteria in plaque combines with sugar, together they produce sticky material and acids. The sticky plaque material holds the acids against the surface of the teeth. If there is enough plaque, it can feel fuzzy on the teeth. Rinsing with water or mouthwash does *not* remove the sticky plaque with the bacteria in it.

After acid attacks, the tooth enamel breaks down, forming a cavity. Also, the gum fibers which hold the gum tightly to the teeth are also destroyed, forming “pockets” around the tooth. The pockets collect more bacteria which destroy gum tissue and can lead to bone loss in the jaw.

Bacteria + Sugar = Acid

Acid + Gums = Gum Inflammation and Disease

Acid + Tooth = Tooth Decay (Cavities)

Figure 7-1 Summarizes the process of gum disease and dental decay.

Where You Are Most Likely to Find Bacterial Plaque

You may have noticed that if you don't brush your teeth, your teeth feel fuzzy. What you are feeling are the bacterial colonies in the plaque as they grow on your teeth. Remember, plaque is tooth-colored or invisible. The first place that bacteria form is *along the gum line* and *in between the teeth* (Figure 7-2).

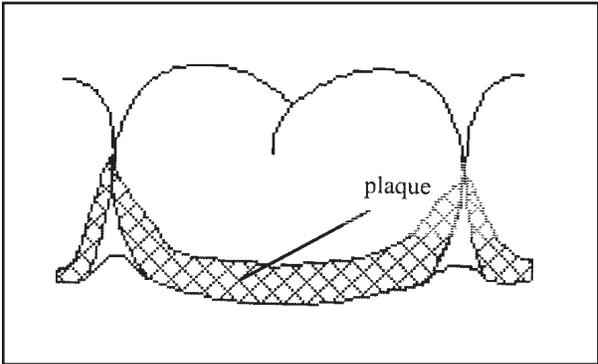


Figure 7-2 The most common place for plaque to collect is along the gum line.

Most of the bacterial plaque we are trying to remove is found along the gum line where the tooth and gum meet; in between the teeth; on the inside or tongue side of the teeth; and especially, on the lower jaw.



ACTIVITY

Reducing the Time that Teeth are Exposed to Sugar

Directions: *Pair up with the person sitting next to you. Think about an individual you are assisting. Discuss his or her preferences for sweet foods, candy, and soft drinks throughout the day. List two changes that could be made at the grocery store or at the day or work program to reduce the time refined sugars are in the mouth. Write those changes down in the space provided below.*

Changes

1.

2.

Overcoming Informational Obstacles

Plaque Removal

Good oral hygiene includes the removal of plaque. This means that the bacteria and the acids the bacteria produce are greatly reduced. The plaque bacteria must be broken up at least once every 24 hours by brushing and flossing the teeth. Even better, brush twice a day with a toothpaste containing fluoride.

Remember:

- Plaque sticks to teeth and usually is tooth-colored and hard to see.
- Plaque bacteria use sugars in food to live, multiply, and make acids.
- Acids and other irritating products inflame the gums and decay the teeth.

Toothbrush Selection

A good toothbrush has flexible bristles. These toothbrushes are called soft bristle brushes. The bristles should have rounded, polished ends. Toothbrushes should be replaced when the bristles become bent or frayed. Most toothbrushes reach this state in three or four months. An electric toothbrush may help some people be more independent. Some individuals will be more willing to brush with a powered toothbrush.

The Oral Hygiene Session

The **oral hygiene session** is the time in an individual's daily routine when they attend to mouth care. These are major goals of the oral hygiene session:

- To prevent diseases of the gums and teeth
- To help the individual you are assisting to become as independent as possible in self-care
- To make oral hygiene part of daily grooming
- To remove bacteria and plaque from the teeth by brushing and possibly flossing
- To make each hygiene session positive and successful, thereby increasing positive behavior



Each Individual's Program Will Be Different

Individuals may need information about oral health. It is important to know the individual and his/her oral health Individual Program Plan (IPP) goals and oral health care plans. Share the

information on the next few pages with individuals you support so they know how to care for their teeth, prevent infection, and prevent tooth decay.

What to Brush

Think of the teeth as several small blocks sitting in a row. Each block, or tooth, has five sides to be cleaned: the cheek or lip side; the tongue side; the top or chewing surface; and the two ends.

The ends are where one tooth sits next to another tooth. It is important to remove the plaque by cleaning all five sides each day.

How to Brush Teeth

Step 1: Wet the toothbrush in water. Toothpaste is not necessary for plaque removal but can strengthen the teeth if it contains fluoride. Not using toothpaste reduces the need to spit and rinse.

Step 2: Place the bristles of the toothbrush half on the tooth and half on the gum. Turn the bristles to a 45-degree angle to the teeth (Figure 7-3).

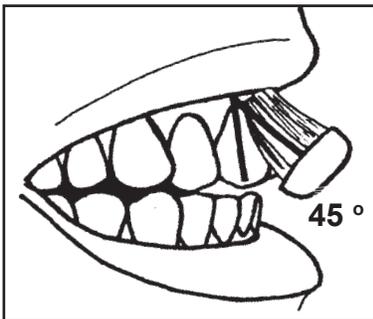


Figure 7-3 The proper angle for brushing.

Step 3: With a small circular motion brush both tooth and gum. Start by brushing the outside (cheek side) and inside (tongue side) of all teeth. Also brush the chewing surfaces. The individual should work up to at least 20 seconds in each of these areas for a total brushing time of at least two (2) minutes.

Remember: It is the brush that removes plaque. Toothpaste is not necessary to remove plaque. However, toothpaste can strengthen the tooth enamel if it contains fluoride.

How to Find Plaque

Plaque is tooth-colored and very hard to see. You must color it to make plaque visible to yourself or to the individual you are helping. Coloring tablets and liquids (disclosing solution) are available at drugstores, but require a doctor's prescription. This is typically done at the Dentist office.

How to Color Plaque on the Teeth

- Talk to the individual you are assisting about the purpose of coloring the plaque on the teeth.
- Read the directions on the packet.
- Have the individual chew the tablet or paint the coloring liquid on their teeth as directed.
- Have the individual rinse with water, spit out, and wipe the lips.
- With the individual, look at the teeth in a bright light. Colored areas on the teeth show where the plaque is located.
- Have the individual brush off the color with a toothbrush or help them to do so.

Color the plaque on teeth every other day until you know the places missed when brushing. Then once a month color the plaque on the teeth to check on brushing.



Remember: When you or the individual you are assisting needs help seeing where plaque is located, start slowly. Some people may be frightened by the red color. Color only three or four teeth at a time. Show them how the color can be brushed off. Explain why you are using the color.

What to Brush (cont.)

Removing Plaque Between Teeth

Brushing does not remove plaque bacteria on the two ends of the tooth. Remember, the ends are where one tooth sits next to another tooth. Flossing is needed to rub off the plaque at the ends of the teeth. Flossing takes practice for most people. Practice on yourself before flossing someone else's teeth.

Step-by-Step Flossing

Step 1: Take 18 inches of floss and wrap it around the third finger of each hand. Wrap the floss until there is about one inch between the two index fingers.

Step 2: Hold the inch section tight for more control. Slide the floss in a see-saw motion, gently between the teeth until it reaches the gum line.

Step 3: In order to rub the bacteria off the end of the tooth, wrap the floss around the end of the tooth, then rub the floss up and down. You may hear a squeaky sound when the end is clean. Then lift the floss over the gum so you can clean the end of the other tooth.

Floss holders can be of help to people who do not have good finger or hand control. Check at your drug store to see what special flosses or floss holders might make the job easier.

Wear protective glasses when flossing someone else's teeth. The bacteria in the plaque can become airborne.

Helpful hint: Introduce flossing very gradually to people you are helping. Floss only one or two teeth at first. The front teeth are easier to do. End the session on a positive note by stopping at the first sign of fatigue or resistance.

Cleaning Dentures or Removable Teeth

Wearing dentures or artificial teeth is not a signal to ignore brushing or cleaning. Bacteria and food can build up on them. Soaking them overnight is not enough to clean them. Dentures, partial dentures, and artificial teeth must be brushed daily to clean off plaque bacteria. Remove dentures at night to let the individual's gum tissue rest.

Dentures can break or warp. Leaving the denture out to dry all day or all night warps it. To prevent warping, always keep the dentures in a container covered with water or denture-cleaning liquid.

To clean partials and/or the dentures and prevent breakage:

Step 1: With a soft toothbrush and baking soda, or denture powder, brush the inside and outside denture surfaces. Rinse the dentures in cool running water.

Step 2: For removable teeth or partials, brush the partials, especially the clasps, at least once a day.

Step 3: Have the individual you are assisting brush his or her teeth and gums. Pay attention to the teeth where the metal parts of the denture rest on the natural teeth. Brush that area carefully.

Very important: Before putting the dentures in the mouth, inspect the mouth for red or irritated places on the gums. Some individuals may not be able to tell you if dentures are ill-fitting or uncomfortable.



Do not use abrasive household cleaners on dentures. Do not use chlorine solutions on dentures or partial dentures.



ACTIVITY

Brushing Teeth Correctly

Directions: Turn to the person sitting next to you. Think about an individual you are assisting. Discuss how that individual brushes his or her teeth. What does he or she do independently or need to learn in order to brush correctly? Correct the angle of the toothbrush on tooth and gum? Brush more areas in the mouth? Brush longer? Cooperate with flossing? Something else?

Preventing the Spread of Germs

Saliva and blood in the mouth (from bleeding gums) commonly have germs in them. To prevent spread of germs from individual to individual or to the DSP, use standard precautions, including hand washing and the use of disposable gloves when handling dental supplies and helping with oral hygiene.

Proper storage of dental supplies prevents the spread of germs. Each individual should have a secured container to hold his or her toothbrush,

floss, toothpaste, floss holder, mouth prop, and other oral hygiene tools. The container should have small air holes to help dry the toothbrush between uses.

The individual's name should be on the container. Each individual's container should be stored separately. Do not store different individual's toothbrushes in the same container.

Steps to Prevent Infection During Oral Hygiene

Consider posting the "Steps to Prevent Infection During Oral Hygiene Procedures" sheet (Appendix 7-D), to the bathroom wall where it will be visible during oral hygiene procedures. The steps include:

Step 1: Put out supplies needed before starting.

- Toothbrush
- Paper tissues
- Two cups of water
- Disposable latex glove.
- Safety glasses for helper (from hardware store)
- Toothpaste, if used
- Mouth prop, if used
- Floss and floss holder, if used
- Disclosing tablets, if used
- Timer

Hint: If you are using prescription fluoride or mouth rinses that are kept in a cabinet, get them out before starting the oral hygiene session.

Step 2: Direct the individual you are assisting to wash his or her hands with soap and water. Also, wash your hands with soap and water.

Step 3: Put on protective eyeglasses if you are not wearing your own glasses. Put on a pair of gloves. The gloves should fit well so you can easily handle the toothbrush or other supplies. Gloves must be worn whenever you may come into contact with another individual's saliva during the oral hygiene session.

Step 4: Before you touch the individual you are assisting, be sure you can reach all the supplies.

Steps to Prevent Infection During Oral Hygiene (cont.)

Step 5: Encourage the individual you are assisting to brush to the best of his or her ability. Then finish the job, if necessary, by doing what he or she is unable to do. If you or the individual is flossing (or using a floss holder), then do not use that floss in other individuals' mouths.

Once the gloves have been on the toothbrush or in the mouth, there is invisible blood or saliva on them. From then on, there are only two places where the gloves can be:

- In the mouth of the individual who is being helped
- In a trash can

If you need more supplies or are interrupted, remove the gloves so you do not pass blood, saliva, or germs to the clean supplies or to other objects. Throw the gloves in the trash can. Put on a new pair when you return.

When the oral hygiene session is finished, do the following:

Step 6: If the individual you are working with is able to, have him or her rinse their mouth with a cup of water. Swish the toothbrush in another cup to remove toothpaste and bacteria. Throw the cups in the trash. If the individual is unable to rinse, consider not using toothpaste.

Step 7: Without touching any other objects, return the toothbrush and other supplies to the container. Have the individual you are assisting wipe his or her mouth. Throw the tissue in the trash.

Step 8: Remove your dirty gloves.

Step 9: Put the dental supplies container away.

Step 10: Have the individual you are helping wash his or her hands with soap. Wash your hands. Thank them for a positive session.



Other Ways to Prevent Tooth Decay

We now know that several factors can cause cavities. Knowing this gives us a number of ways we can protect our teeth from cavities. There are practices that protect the teeth and conditions that cause teeth to dissolve and form cavities. The goal is to create an environment where positive protective factors are in place *as many hours a day and night as possible*.

Some of the protective factors that keep teeth and gums healthy are:

- Having fluoride on the teeth daily
- Using fluoride varnish, Xylitol, as needed
- Reducing bacterial plaque on the teeth
- Adopting a healthy diet low in sugar
- Good saliva flow
- Professional cleanings and examinations

- Minimizing the amount of time sugar foods, candy, or drinks are in the mouth
- Having a neutral (not acidic) mouth condition

Some of the factors that contribute to the cause of cavities are:

- Frequent exposure to sugar
 - Feeding sugar to your bacteria to produce acid (especially between meals)
 - Dry mouth or very little saliva
 - Passing cavity causing germs from caregivers to children (tasting food, sucking on pacifier, and kissing, for example)
 - Unhealthy diet
 - Lack of fluoridated water
 - Lack of professional oral health care
- See Appendix 7-A for a list of products that can help prevent tooth decay.

Overcoming Physical Obstacles

Encouraging Participation

It is important for each individual to participate as much as possible in his or her own care. Sometimes, to get rid of plaque it may be necessary for the DSP to finish brushing someone's teeth, *but the individual should first do what he or she can.*

Some individuals can gradually learn to perform oral hygiene. Others will learn some skills, but will participate only partially in their care. Others will be unable to participate. *It is the DSP's role to help each individual be as independent as possible while at the same time being sure that he or she has good oral hygiene.*

Adaptations of Oral Hygiene Aids

Adaptations or changes to oral hygiene aids and tools can make it possible for some individuals to be more independent in self-care. Individuals with hand, arm, or shoulder limitations may be helped by these changes. Consult with the individual's dentist for suggestions and

before making any changes. See Figure 7-4 for some examples of oral hygiene instruments that have been adapted to increase individual participation.

To adapt a toothbrush or floss holder to make it easier to grip:

- Enlarge the brush handle with a sponge, rubber ball, or bicycle handle grip.
- Lengthen the handle with a piece of wood or plastic, such as a ruler or wooden tongue blade.
- Bend the toothbrush handle. To bend it, run very hot water over the handle, not the head, of the brush.

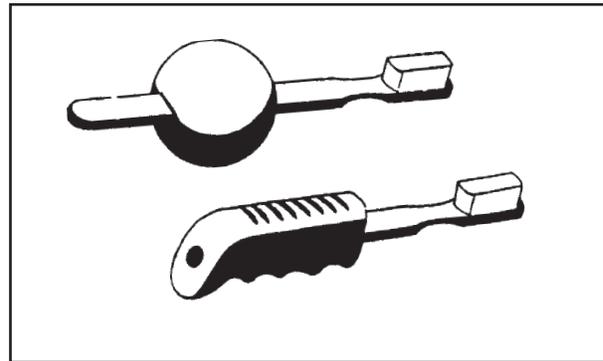


Figure 7-4 Examples of adapted toothbrushes.



Restraint vs. Help

Some individual's needs may require that the DSP do what the individual cannot. Sometimes this means that the DSP must move the individual, position them, and then perform oral hygiene procedures for them. It is important that the individual view the process as helpful. You must follow local, state, and federal laws and guidelines to be sure the individual is not restrained against his or her will. The remainder of this session will assume that an individual who is partially able to perform oral hygiene procedures desires assistance to completely remove plaque from the teeth.

Location



If the individual you are assisting needs only a little help, then use the bathroom. The bathroom, however, is not a good place if more than a little help is required. In the bathroom, it is often hard to see, keep the mouth open, and get to all areas in the mouth. If someone needs a lot of help, it can be easier to assist them somewhere else.

Mouth Props

Sometimes, dental professionals will recommend that a mouth prop be used for an individual who has trouble keeping his or her mouth open. A **mouth prop** is an object used to keep the mouth open while oral hygiene is performed. **Do not use a mouth prop without a written order and without training in its use from a dental professional.**

Positioning

Depending on the positioning needs of the individual you are working with, one of the following ideas may help:

Wheelchair or Chair

The DSP stands behind the individual in the wheelchair or chair. The DSP leans over, supports the individual's head from behind, and cleans the teeth (Figure 7-5). The head can be held steady. This position works well for some individuals, but not for everyone. You may have to experiment to find a comfortable position for you and for the individual you are assisting.

Couch, Bean-Bag Chair, Recliner, or Bed

This position works well for individuals who need maximum assistance. The individual needing assistance is on his or



Figure 7-5
Using a chair to assist with tooth brushing and flossing.

her back. The DSP sits at the person's head, or better, the head is on a pillow in the DSP's lap. The DSP's one hand can be used to steady the head while cleaning with the other hand (Figure 7-6). This position can be more comfortable for the DSP's back than other positions.



Figure 7-6
Using a couch to obtain proper positioning for dental hygiene.

Experiment with Other Positions

Try for positions that allow you to see into the mouth, control the head, and protect your back.

Remember: *Toothpaste is not necessary, but it does provide topical fluoride. Rinsing and spitting are not needed when only a moist toothbrush is used. The better you can see, the better the job you can do.*

Overcoming Behavioral Obstacles



Create an Environment that Works

Some individuals have had a negative history with tooth brushing or are sensitive to being touched. This can result in behavior that makes it particularly difficult to do oral hygiene procedures. Some environmental factors may be causing the resistive behavior. DSPs should use their observation tool to determine which environmental factors cause resistance and try to remove or minimize them.

Carefully watch the individuals you are assisting for a few days to see at what point they become resistive. By noting what happens just before the resistance, you may uncover the environmental factors. You can then plan ahead for a low-risk oral hygiene session. You will accomplish two things:

- Both you and the individual you are helping will have a successful tooth brushing session.
- The chance of challenging behaviors is reduced. The likelihood of success increases the longer someone goes without resistive behaviors.

Some common environmental factors that can increase resistance to oral hygiene are listed below:

Frequent or Unexpected Changes in Routine

- If someone doesn't know what to expect, or if change is upsetting, resistance can be a response. *Having a set routine, or explaining the changes that are coming, may reduce resistance.*

Wrong Time of Day

- Some individuals don't function well until they have had the first cup of coffee. For them, morning may be the wrong time of day to learn a new skill.
- *Reduce the risk of a problem by scheduling tooth brushing when the individual is most alert or not hurried.*

Boredom

- The individual is tired of doing the same thing each day.
- *Novelty helps maintain interest and attention. A change in the color or flavor of the mouthwash, a new cup, some background music, or a change in routine may increase cooperation.*

Overcoming Behavioral Obstacles (cont.)

Distractions

- Some objects in the tooth brushing area may attract the individual you are working with more than the toothbrush. If distracted, he or she may not want to use the toothbrush.
- Interruptions by other persons can be serious distractions.
- During a lesson, *keep all distractions, including other people, out of the area.*

Unpleasant Associations

- Sometimes an individual has associated a DSP with the tooth brushing activity. The sight of the person triggers resistance. A change in caregiver for tooth brushing may prevent resistance. Other things can have unpleasant associations for the person, such as a particular mouthwash or another individual who is present and distracting.
- Watch for situations (large and small) that may upset the individual you are assisting and *make appropriate changes.*

Nagging

- Everyone tends to become resistive when told too many times to do something. Repeated reminders can also increase anxiety.
- Talking less and *praising more can reduce resistance.*

Ignoring an Individual's Needs or Interests

- If an individual is in the middle of a pleasant activity, it is risky to demand that he or she leave it to brush his or her teeth.
- *Try to schedule tooth brushing at a time when it will not interrupt other activities.*

Interrupted Instruction

- A tooth brushing session may last five to ten minutes. Don't leave to answer the phone or to check on dinner.
- Instead, *set a time that allows for completion of the activity* and remind the individual you are assisting, at intervals, that the time is almost up. Suggest that he or she can return to the activity after the oral hygiene session. One good brushing per day is better than several incomplete brushings.

Be prepared to prevent challenging behaviors rather than reacting to them.



A C T I V I T Y

Reducing Resistance to Oral Hygiene

Directions: Consider one of the individuals you assist who resists oral hygiene. Think about what happens just before they become resistive. Write down what environmental factors may trigger the behavior in the space provided below. Then write down what strategies could be tried to change the environment to promote success.

Environmental Factors

Strategies

.....



Involving the Individual

When an individual believes a job is worthwhile, feels responsible for doing it, and controls how it is done, the individual becomes actively involved with the job. Once involved, the individual works hard to do a good job.

The DSP's challenge is to help individuals to become actively involved in their own oral hygiene and help them take ownership of the job.

Here are three ways to help individuals become active participants in oral hygiene:

1. Encourage individuals to make choices.

Making a choice and having it fulfilled is very satisfying. The satisfied individual becomes involved with the activity. Having choices can reduce problem behaviors. Limit choices to those related to the activity at hand.

Ask the individual you are assisting: "Do you want Crest or Colgate?"; "Do you want to sit or stand?"; "Do you want to start with your upper teeth or lower teeth?"

The DSP is not asking if the individual wants to brush or not. Choices that promote responsible participation are offered. Other choices could be the time of day to brush teeth or a new toothbrush.

2. Allow the individual to set limits to participation.

When individuals can decide to stop the oral hygiene session, they develop a feeling of control and of ownership of the activity.

This is tricky. They may stop their participation before the brushing is really underway. Yet, if they are not allowed to stop the activity when they have had enough, they may resist the activity the next time.

Teach limit-setting in a gradual manner. Notice how long it takes for the individual to become fussy or resistive; is it immediate, 30 seconds, 3 minutes? Then allow him or her to end the session a few seconds or minutes before resistance is to be expected.

Example: *If Jean always has tantrums after 60 seconds of tooth brushing, allow her to stop brushing after 30 seconds. Next time, allow her to stop brushing after 45 seconds. The next time, 60 seconds. Jean is learning that she has some control and does not have to have a tantrum to stop the session.*

What if the individual becomes resistive before oral hygiene starts? Make the steps smaller. Allow them to end the session after completing one tiny step.

Example: *Ben can stop the activity after he holds the brush for 3 seconds. The next time, he must hold it for 5 seconds. Eventually, he must put the brush in his mouth before he can stop the session.*

3. Make sure the individual achieves success.

Success is almost certain if the steps the individual is asked to learn are small, and the process is gradual. End each session on a successful note.

Gradually, as the individual comes to feel oral hygiene is his or her job, he or she will become a willing and active participant.

Remember: *Involve the individuals you are working with by:*

- *Encouraging them to make choices.*
- *Allowing them to set limits. Teach limit setting in a gradual manner.*
- *Making sure they achieve success. End each session on a successful note.*



ACTIVITY

Choices

Directions: Think about the same individual that you described as resistive for the last activity. Write your answers to the following questions.

.....
Are there any choices that individual could make during tooth brushing activity?

.....
What is an acceptable way he can tell you he would like to end the activity?

Behavioral Support Strategies

Several strategies can be used to help support an individual who seems resistant to completing his or her oral health care. First, determine if there are physical, medical, or informational barriers that prohibit the individual from communicating or completing oral hygiene procedures. Be sure to ask a lot of questions and to get a thorough history to find out if any of these barriers apply. Once you have ruled out these barriers, you may want to try one of the following behavioral support strategies or consult with a behavioral specialist to develop an appropriate plan for the individual:

- **Reinforcers** are rewards given for a desired behavior.

Example: *If Mary brushes her teeth for two minutes, she will receive a reward. Remember, you must have a clear idea of the behavior you are trying to reinforce, use the reward only when the behavior is performed, and be sure the reinforcement occurs directly following the desired behavior.*

- **Shaping** is teaching a skill by reinforcing small parts of a task. This is followed by reinforcing for larger parts until the individual can perform all of the task or has reached the highest level possible.

Example: *You learned to brush your teeth step-by-step. First, you learned how to hold a toothbrush and put toothpaste on it. Your parents or caregiver's approval was the reward as well as your sense of accomplishment. Next you began to put the brush in your mouth and move it around. At each step, you received praise and approval. These rewards encouraged you to learn to brush your teeth one step at a time and shaped your tooth brushing ability from holding the toothbrush to successfully brushing your teeth.*

Behavioral Support Strategies (cont.)

- **Generalization** is using a newly learned skill in a different setting or situation.

Example: *If an individual won't let anything touch his lips, offer a desired drink through a straw or a sugarless lollipop, then generalize their experience to include a toothbrush. If he won't let anyone look in his mouth, he might be encouraged to look in his own mouth with a mirror; then he may allow a dentist to look in his mouth with a mirror.*

- **Desensitization** is gradually increasing exposure to a stress causing situation in order to lessen the fear of the situation.

Example: *If the individual is fearful of a dental visit, he or she can slowly be introduced and desensitized to each step of the visit, such as driving to*

the office, sitting in the waiting room, meeting the receptionist, sitting in the dental chair, meeting the dentist, touching the dental equipment, having the dentist look in his or her mouth, and counting teeth. The individual has control over this process and would indicate any sign of fear or discomfort. He or she would be instructed on ways to relax until he or she could move through the steps of the visit free of anxiety or fear.

Most of these strategies are easy to use; however, they do require creativity, patience, and time for implementation. The results, however, can be very rewarding to the individual and to you.

Not only will the individual feel good about his or her accomplishments, you will have helped that individual to take better care as independently as possible—something you can be very proud of.



ACTIVITY

Behavioral Support Strategies

Directions: *Pair up with another student. Describe someone you have worked with that might benefit from one of the behavioral techniques listed and how you might implement that technique.*



Putting It All Together

Making a Plan

Individuals have plans for medical, social, recreational, educational, and grooming activities. **Oral health care must be part of an individual's daily plan.** Improving oral health involves a step-by-step process that requires planning, carrying out the plan, and then re-planning. Every individual needs an updated oral health plan.

You now have the information you need to assist the planning team to develop oral health care plans for the individual you are assisting. Use the Oral Hygiene Skill Survey and Oral Health Care Plan, Appendices 7-B and 7-C, respectively, to help you.



Putting It All Together (cont.)

Using the Plan

- It is important to include the Oral Health Care Plan with the Individual Program Plan and other plans for that individual's care. Keep the Oral Hygiene Skill Surveys and the Oral Health Care Plans in the folder used to keep other care plans to track progress and identify skills that need more work.
- Go over the plan with everyone on the individual's planning team. Demonstrate what to do. It is very important that everyone teach in the same way. Post the current plan where everyone can see it when working with that individual.
- Once a month, review the Oral Health Care Plan with everyone who supports the individual. Do this until the individual has become as independent as possible in self-care.

If the training program is successful, then the individual may be able to use his or her new skills in other settings, including a dental office.

See Appendices 7-B and 7-C for detailed instructions on how to fill out the Oral Hygiene Skill Survey and the Oral Health Care Plan.

Making It All Work

The knowledge you have gained during this session will only be useful if you use it. This means you must do everything you can, based on the training, to improve the oral health of the individual you are assisting. Therefore, starting now, you should be doing at least the following:

- Identify obstacles to better oral health for each individual.
- Use the Oral Hygiene Skill Survey to identify each individual's oral health care skill level and identify skills they can learn.
- Use the Oral Health Care Plan to help the planning team write oral health care plans for each individual you assist. This involves a cycle of planning, carrying out the plan, checking progress, and revising and communicating the plan as needed.
- Directly participate, in the bathroom or elsewhere, with the individual during oral hygiene sessions until you are sure he or she is as independent as possible in oral care. Some individuals will always need your help to have good dental health. Don't assume he or she is doing a good job without checking.
- Use standard precautions, including proper storage of tooth brushing supplies, wearing of disposable gloves, and protective glasses when flossing.
- Coach the individual using the positive behavior support skills that you learned in this session. These include: structuring the environment to maximize the chance of success; involving the individual in the process; using reinforcers; using shaping techniques; generalization; and desensitization.
- Support individuals to brush all surfaces of their teeth (inside and outside of front and back and the chewing surfaces); use proper brushing techniques; and increase the time of tooth brushing until they are brushing for at least two minutes.
- Use the Oral Hygiene Skill Survey for each individual to record progress.
- Revise the individual's Oral Health Care Plan based on the individual's progress. Communicate the plan for improvement to others who work with that individual.

Making It All Work (cont.)

- If there are areas that individuals aren't brushing well, help them brush those areas by using physical adaptations, different positions, or partial participation if necessary.
- If an individual just cannot clean certain areas in his or her mouth, even with your help, consider using products with Xylitol or getting a prescription for a chlorhexidine or fluoride mouth rinse to help decrease plaque.

This session has given you the knowledge and techniques to help individuals you are assisting develop good oral health and enhance their independence. Good oral health will improve the quality of both of your lives.



A C T I V I T Y

Using What You Have Learned to Overcome Obstacles

Directions: Review the following scenario. Each group will be given a piece of flipchart paper and a marker. Think about and write down all of the things that Mary can do to assist Andrew.

Andrew does not like to brush his teeth. Every time the DSP, Mary, tries to get him to do it, Andrew throws the toothpaste and toothbrush in the garbage, runs to his bedroom and slams the door. Mary is concerned about Andrew's oral health. Some of Andrew's teeth are discolored and his gums are swollen and red. Mary has told him that his teeth will fall out if he doesn't brush them every day. However, that statement doesn't seem to influence Andrew enough to make him do it. Mary wonders if she should force Andrew to brush his teeth even if he throws a tantrum. How can she help Andrew to see how important it is to take care of his teeth?

P R A C T I C E A N D S H A R E

In this session, you learned strategies for overcoming different obstacles to individuals' oral health. Think of an individual in your home who is resistant to the oral hygiene session. Give the individual one or two choices during oral hygiene sessions. Pay attention to the result of giving them some choices. At the beginning of the next session, the class will discuss their experiences.

Session 7 Quiz

Oral Health

- 1. When an individual refuses to open her mouth for tooth brushing, what kind of obstacle is she demonstrating?**
 - A) Physical obstacle
 - B) Behavioral obstacle
 - C) Informational obstacle
 - D) Personal obstacle
- 2. When you assist someone who is not physically able to brush her teeth, you should:**
 - A) Use behavioral techniques to change her behavior
 - B) Help her only with what she cannot do
 - C) Show her the proper way to brush
 - D) Offer her rewards for brushing
- 3. When an individual does not know how to brush or floss her teeth, what type of obstacle is she demonstrating?**
 - A) Physical obstacle
 - B) Information obstacle
 - C) Behavioral obstacle
 - D) Personal obstacle
- 4. The goal of the oral hygiene session is:**
 - A) To make the individual's teeth as white as possible
 - B) To cut down on the amount of candy an individual eats
 - C) To make sure an individual can select the correct toothpaste
 - D) To help the individual become as independent as possible
- 5. What do swollen and bleeding gums indicate?**
 - A) Healthy gums
 - B) Sugar-free diet
 - C) Strong brushing habits
 - D) Unhealthy gums
- 6. An important step in correct tooth brushing is:**
 - A) Rinsing with mouthwash twice
 - B) Brushing the teeth from side to side
 - C) Brushing gums and teeth
 - D) Brushing for 30 seconds
- 7. One way to prevent the spread of germs by staff during oral hygiene session is:**
 - A) Using dental floss
 - B) Using fluoride rinse
 - C) Wearing disposable gloves
 - D) Rinsing after brushing
- 8. How can a DSP help an individual participate actively in oral hygiene?**
 - A) By describing steps for brushing teeth
 - B) By correcting every mistake they make
 - C) By giving the individual choices in the process
 - D) By waiting for the individual to ask for tooth brushing
- 9. What can the DSP do to prevent resistance behavior during oral hygiene activity?**
 - A) Continue the activity for 2 minutes
 - B) Complete the activity
 - C) Stop the activity immediately
 - D) Use positive behavior supports
- 10. Consistent DSP participation in the individual's Oral Health Care Plan:**
 - A) Is required by law
 - B) Is not necessary
 - C) Is not used for individual's with dentures
 - D) Is critical to individual's ongoing dental/oral health



Appendices



Appendix 7-A

Products That Can Help Prevent Tooth Decay

1. **Toothpaste:** Apply a fluoridated toothpaste accepted by the American Dental Association (ADA) Council on Dental Therapeutics two times a day for two minutes. After the age of 12, or when a dental professional finds that gingivitis is present in an individual under 12 years of age, use a fluoridated toothpaste accepted by the ADA that contains an approved effective anti-gingivitis agent. *Toothpastes are sold over-the-counter, and no diagnosis, prescription, or intervention is required from a dentist or other dental professional for their use.*
2. **Xylitol:** Use products containing xylitol three to five times per day and five minutes per exposure. If xylitol-containing chewing gum can be used, it should be chewed for five minutes, three times a day. Chewing may need to be supervised to be sure the individual received the required exposure. For individuals who cannot chew gum, other xylitol products are available, such as mints, lollipops, gels, sprays and teeth wipes. For infants, the xylitol can be added to specially designed pacifiers or baby bottles with xylitol solutions. *Xylitol is a natural sugar added to many food products, and no diagnosis, prescription, or intervention is needed from a dentist or dental professional to use it.* In the amounts needed to prevent tooth decay (less than 15 grams per day), xylitol is safe for everyone. Sample products include: Total®, Xylimax®, Advantage®, and XyliFresh®.
3. **Fluoride Varnish:** Fluoride varnish can be applied in one of two ways:
 - Three times in one week (for example, Monday, Wednesday, and Friday), once per year.
 - One time every six months.

A temporary yellowish tint to the teeth may appear for a short time after application, which may be of concern to some individuals. *Fluoride varnish must be applied by a dental professional although this does not need to occur in a dental office. Check with your dentist or dental hygienist for specific regulations regarding the application of fluoride varnish.*

4. **Fluoride Rinses:** For individuals who are not able to use the products listed above, fluoride rinses can be of benefit to prevent cavities. Fluoride mouth rinse is currently an option for all people over the age of 6 who can **safely** “rinse and spit.” If an individual cannot rinse and spit, the solution can be applied with a cotton swab twice a day. *Topical fluoride rinses (such as, Prevent® or Act®) are over-the-counter (OTC) medications and require a prescription in licensed community care facilities.*
5. **High Concentration Fluoride Toothpaste or Gel:** When none of the above recommendations are working, consider daily or weekly use of high concentration fluoride toothpaste or gel. The decision to use these products should also consider the ability of the individual to spit, or of the caregiver to supervise and control the application. *These products contain toxic amounts of fluoride and can be harmful if they are not used and spit out properly. Consult with an oral health professional about use and the prescription required to obtain these products.*

6. Chlorhexidine: An antibacterial agent effective in reducing plaque formation and gum infection is chlorhexidine. It is sold under the name of Peridex® and Periogard®. *A prescription from a dentist or medical doctor is required.*

If you have a prescription for chlorhexidine (Peridex®) use it as follows:

- Set out the supplies you will need, including a timer.
- Clean the teeth.
- Swish chlorhexidine solution around the mouth for one minute then spit it out, or apply a small amount of the solution to the teeth with a cotton swab or toothbrush for one minute. Some dentists recommend using chlorhexidine in a spray bottle for some individuals who cannot rinse or spit.

Chlorhexidine can have the following side effects:

- Chlorhexidine can cause gray or brown staining of gums, teeth, fillings, or crowns. This stain can be removed by a dentist or dental hygienist.
- Some people have small changes in taste. The changes are temporary.

Ways to Prevent Tooth Decay Include:

- Use products like toothpaste that contain fluoride or other helpful agents.
- Eat nutritious meals and limit snacking on sugary foods and sugary soft drinks between meals.
- See your dentist or hygienist every six months or more frequently if indicated.
- Have baby's first oral exam **before** his or her first birthday.

If the individual has dry mouth from medications or for other medical reasons, try rinsing with water after eating or having sweets, mints, foods, or drinks during the day. Talk to a dental professional about the possible use of a saliva substitute like Biotene®.

Appendix 7-B

Instructions for the Oral Hygiene Skill Survey

The Oral Hygiene Skill Survey can be used to determine the oral hygiene skill level of the individuals you assist and to keep track of improvements in their level of skill. There is room to score seven different oral hygiene sessions. For some individuals who are learning new skills very quickly, you may need to score every day. For other individuals who are learning new skills very slowly, you may only need to score once a week.

There is a simple scoring system that is used with the Oral Hygiene Skill Survey. You score what the individual is unable to do, what he can do with your help, and what he can do by himself.

The Oral Hygiene Skill Survey uses a simple scoring system:

- 0 – Step is not done.
- 1 – DSP performs the step.
- 2 – Individual performs the step with prompts.
- 3 – Individual performs the step independently.

Fill out the Oral Hygiene Skill Survey as follows:

- A score of 0 is given if the individual is unable to do the step or is unable to complete the step.

One of the steps is “brush chewing surfaces of teeth.” If the individual brushes the outside of the teeth and the tongue side of the teeth but does not brush the chewing surfaces at all, the score for “brush chewing surfaces of teeth” is 0.

- A score of 1 is given if the caregiver must complete the step for the individual.

If the individual mentioned above could brush the bottom chewing surfaces but was physically unable to twist his wrist to brush the upper chewing surfaces, and the caretaker had to brush that part for him, then the score is 1 for “brush chewing surfaces of teeth.”

If an individual puts the toothbrush in his mouth and makes a few brushing motions, and the caregiver must finish, then the score for all the tooth brushing steps is 1.

- A score of 2 is given if the individual does the step after being prompted by the caregiver.

If the caregiver guides the individual’s wrist so that he twists it up to brush the upper chewing surfaces and he does so, then the score is 2. The caregiver has given him a verbal prompt to help him complete the step.

Hint: If physical prompts are necessary, try to fade them to verbal prompts as the individual becomes more skillful.

- A score of 3 is given when the individual can complete the step on his own.

Add up the scores and total them at the bottom of the sheet.

Look at each of the steps. Decide where you want to start or continue the training. Decide what the individual needs to learn next.

The goal is to coach the individual to become as independent as possible. After that, the DSP completes what the individual cannot do by him/herself.

Appendix 7-B (cont.)

Oral Hygiene Skill Survey (sample)

Name: John

Caregiver Name: Bill

Start Date: 9/29/17

<i>Client Behavior</i>	<i>Dates</i>			<i>Comments and Behavior</i>
	9/29	10/9	10/19	
STEPS				
Tooth brushing	3	3	3	
1. Identify own brush	3	3	3	
2. Approach sink	2	2	2	Need to point at brush and then sink to get him to wet it
3. Pick up and wet brush	2	2	2	Have to tell him to put on toothpaste
4. Put toothpaste on brush	2	2	2	Say "now put the toothbrush in your mouth"
5. Put toothbrush in mouth	1	2	2	Needs constant verbal praise
6. Keep brush in mouth for 5 seconds	1	2	2	Needs constant gentle touch of hand or verbal praise
7. Keep brush in mouth for 1 minute	1	1	2	Lie on couch for me to hold his mouth open
8. Keep brush in mouth for 2 minutes	1	1	2	Lie on couch for me to hold his mouth open
9. Brush inside/outside front teeth	1	1	1	Could not brush chewing surface on back side of right side
10. Brush inside/outside back teeth	0	1	1	Will rinse if told to do so
11. Brush chewing surfaces of teeth	1	2	2	Needed to point to brush holder at first
12. Rinse and spit	2	3	3	
13. Put toothbrush/toothpaste away	3	3	3	

Appendix 7-B (cont.)

Oral Hygiene Skill Survey • page 2 (sample)

Name: John Caregiver Name: Bill Start Date: 9/29/17

<i>Client Behavior</i>	<i>Dates</i>			<i>Comments and Behavior</i>
	9/29	10/9	10/19	
STEPS				
Flossing	0	0	0	Not ready to have flossing introduced
1. Pull out 18 inches of floss	0	0	0	
2. Cut off floss	0	0	0	
3. Wrap floss around middle fingers of each hand	0	0	0	
4. Place both fingers on floss	0	0	0	
5. Hold inch section taut	0	0	0	
6. Slide floss in see-saw motion between teeth to gumline	0	0	0	
7. Wrap floss "C-shape" around tooth	0	0	0	
8. Move floss up and down	0	0	0	
9. Lift floss over gum, do other tooth end	0	0	0	
Total	23	28	30	

Scoring Key

0 = Step could not be completed 2 = Need to prompt to complete step
 1 = Caretaker completes step for individual 3 = Can complete step independently

Comments:

We need to proceed slowly. We are making progress. The reward system is working well and so is the shaping, using small steps in allowing him to do more and more each time. We are working on letting him brush the insides of the lower teeth. We are also working on having him hold the brush in his mouth for a longer and longer time by himself or with a prompt.

Oral Hygiene Skill Survey

Name: _____

Caregiver Name: _____

Start Date: _____

<i>Client Behavior</i>	<i>Dates</i>			<i>Comments and Behavior</i>
STEPS				
Tooth brushing				
1. Identify own brush				
2. Approach sink				
3. Pick up and wet brush				
4. Put toothpaste on brush				
5. Put toothbrush in mouth				
6. Keep brush in mouth for 5 seconds				
7. Keep brush in mouth for 1 minute				
8. Keep brush in mouth for 2 minutes				
9. Brush inside/outside front teeth				
10. Brush inside/outside back teeth				
11. Brush chewing surfaces of teeth				
12. Rinse and spit				
13. Put toothbrush/toothpaste away				

Oral Hygiene Skill Survey • page 2

Name: _____ Caregiver Name: _____ Start Date: _____

Year 1, Session 7: ORAL HEALTH

<i>Client Behavior</i>	<i>Dates</i>		<i>Comments and Behavior</i>
STEPS			
Flossing			
1. Pull out 18 inches of floss			
2. Cut off floss			
3. Wrap floss around middle fingers of each hand			
4. Place both fingers on floss			
5. Hold inch section taut			
6. Slide floss in see-saw motion between teeth to gumline			
7. Wrap floss "C shape" around tooth			
8. Move floss up and down			
9. Lift floss over gum, do other tooth end			
Total			

Scoring Key

0 = Step could not be completed

2 = Need to prompt to complete step

1 = Caretaker completes step for individual

3 = Can complete step independently

Comments:

Appendix 7-C

Instructions for the Oral Health Care Plan

The Oral Health Care Plan can be used to record plans for the individual you are assisting. A new Oral Health Care Plan should be written whenever there is a change in the oral health support needed by the individual. For some individuals who are learning new skills very quickly, a new Oral Health Care Plan would need to be written more often than for other individuals.

Remember: *The most important thing that you, the DSP, can do is to consistently participate in the oral hygiene sessions.*

Complete the Oral Health Hygiene Skill Survey to help develop the first Oral Health Care Plan. Watch for changes in scores on the Oral Hygiene Skill Survey to help the planning team decide when a new Oral Health Care Plan is needed.

Fill out the Oral Health Care Plan as follows:

Fill out the name of the individual you are assisting and the date. Then make an entry in each section.

- **Assessment:** Summarize the individual's physical and behavioral problems with oral hygiene.
- **Physical Skills and Aids:** Summarize the skills the individual is currently learning. Indicate any special aids being used and the schedule for using disclosing coloring tablets.

- **Partial Participation:** Indicate the best position for performing oral hygiene procedures and what techniques or special aids are being used. Describe the part of the procedures performed by the caregiver.
- **Structuring the Environment:** Put down the time of day for teaching. Note things needed to structure the environment for success. How will the oral hygiene session be organized physically, and who will do what?
- **Involving the Individual:** What choices can be offered? When can the individual stop the session?
- **Reinforcers:** List the first one to be used. Note additional reinforcers.
- **Steps to Be Reinforced:** When the first step is performed successfully for a few days, stop reinforcement for the first step, and offer it for good tries or success on the second step.
- **Other Prevention Actions:** It is very important to note needed disease prevention actions, use of fluoride, fluoride varnish, xylitol, and protective rinses, any dietary factors and the schedule for professional visits.

Remember: *Make the Oral Health Care Plan a part of the overall daily health plan for the individual you are assisting. Keep it updated and use it as a tool to communicate with the planning team and all caregivers.*

Appendix 7-C (cont.)

Oral Health Care Plan • page 2 (sample)

Name: John

Caregiver Name: Bill

Start Date: 9/29/17

Plan for **Shaping**

- a. What steps are being taught: Brush for 2 more minutes, get inside of lower teeth
- b. What level of prompts is currently being used?
- Physical (hand-over-hand) Physical (touch) Pointing Verbal

Other Prevention Actions

- a. Xylitol: 5 minute exposure 3 x / day. Form being used: _____
- b. Fluoride varnish: Applied 2 x / year. Next time: Applied 3 times in 1 week 1 x/yr
Next time: _____
- c. Fluoride rinses: Person rinses and empties mouth Caregiver uses swab technique
- d. High concentration fluoride toothpaste or gel: How and when to apply _____
- e. Chlorhexidine: Person rinses and empties mouth Caregiver uses swab technique
- f. Diet: Decrease exposure to sugar and starches: How:
Reduce drinking sodas at night

Professional visits and recommendations

- a. Last dental cleaning appointment: Date: 8/14/17 Next appointment date: 2/1/18
- b. Next dental check-up or treatment appointment: 2/1/18

Appendix 7-C (cont.)

Oral Health Care Plan

Name: _____ Caregiver Name: _____ Start Date: _____

Assessments

- a. Physical problems with oral hygiene: _____
- b. Behavioral problems with oral hygiene: _____

Physical Skills and Aids

- a. Skills being learned: _____
- b. Special aids: adapted toothbrush adapted floss holder electric toothbrush
- c. Schedule for using disclosing tablets: _____

Plan for **Partial Participation** (not needed – person is independent)

- a. Best position for assisting with oral hygiene: couch bean-bag chair
 other: _____
- b. Techniques and/or aids used by caregivers: mouth prop floss holder
- c. What part does caregiver perform: _____

Plan for **Structuring the Environment**

- a. Oral hygiene time and place: _____
- b. Are infection control procedures being used: _____
- c. Who will work with the individual: A.M. _____ P.M. _____

Plan for **Engaging the Client**

- a. Choices being offered: _____
- b. Limits the client can set: _____

Plan for **Reinforcers**

- a. What reinforcers are being used currently (e.g. music, book, TV):
- _____

(cont. on next page)

Oral Health Care Plan • page 2

Name: _____

Caregiver Name: _____

Start Date: _____

Plan for Shaping

a. What steps are being taught: _____

b. What level of prompts is currently being used?

- Physical (hand-over-hand)
- Physical (touch)
- Pointing
- Verbal

Other Prevention Actions

a. Xylitol: 5 minute exposure 3 x / day. Form being used: _____

b. Fluoride varnish: Applied 2 x / year. Next time: Applied 3 times in 1 week 1 x/yr

Next time: _____

c. Fluoride rinses: Person rinses and empties mouth Caregiver uses swab technique

d. High concentration fluoride toothpaste or gel: How and when to apply _____

e. Chlorhexidine: Person rinses and empties mouth Caregiver uses swab technique

f. Diet: Decrease exposure to sugar and starches: How: _____

Professional visits and recommendations

a. Last dental cleaning appointment: Date: _____ Next appointment date: _____

b. Next dental check-up or treatment appointment: _____

Steps to Prevent Infection During Oral Hygiene Procedures

1. Set out dental supplies:
 - Toothbrush
 - Paper tissues
 - Two cups of water
 - Disposable latex gloves
 - Safety glasses for helper (from hardware store)
 - Toothpaste, if used
 - Mouth prop, if used
 - Floss and floss holder
 - Disclosing tablets, if used
 - Any prescription medication or mouth rinses
 - Timer
 - Oral Hygiene Skill Survey
 - Oral Health Care Plan
2. Review the last level of skill and the current plan for the individual.
3. Everyone (the individual and the DSP) should wash his or her hands with soap and water.
4. The helper should put on the protective glasses and a pair of disposable gloves.
5. Begin tooth brushing and flossing. The helper should use the steps listed in the Oral Health Care Plan to assist the individual to have clean teeth, healthy gums, and maximum independence.
6. Once the gloves have touched a toothbrush, toothpaste, floss, floss holder, or individual's mouth, the gloves can go in only two places:
 - In that individual's mouth
 - In the trash can
7. Offer one cup to the individual to rinse. Then wipe the mouth. Throw the tissue and cup in the trashcan. Swish the toothbrush in the other cup of water and discard the cup in the trashcan.
8. Return the supplies to the container.
9. The helper then removes the gloves by the pinching method and throws them in the trashcan.
10. Put the container and other supplies away.
11. Everyone (the individual and the DSP) should then wash his or her hands with soap and water.