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Occupational Therapist Perspectives on Oral Hygiene Interventions Among Children and Youth with Autism

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Background

- Children and youth with autism spectrum disorder (ASD) are observed to have high sensory challenges and needs. ^{1,4}
- There is limited literature regarding the implementation of occupational therapy (OT) oral hygiene (OH) interventions among children with ASD.⁷
- The literature suggests that there is minimal collaboration between OTs and dental professionals.^{2,5}
- Due to high rates of caregiver burden, there is a need for interprofessional collaboration between dental professionals and OTs.^{1,2,6,8,9}

Research Question

What are the perceptions and experiences of OT professionals regarding the implementation and efficacy of interventions addressing oral hygiene among children with ASD?

Methods

Design: A Descriptive Survey was used to collect our data. This study was approved by Messiah University's Institutional Review Board (IRB).

Participants: 55 practicing OTs and occupational therapy assistants (OTAs) who have treated clients diagnosed with ASD for oral hygiene in the past 2 years.

Instruments: This survey was hosted on Qualtrics and included Likert-scale, multi-select, multiple-choice questions, and one open-ended question. Questions addressed the frequencies in one's caseload of clients with ASD and general implementation of oral hygiene interventions for those clients, self-perceived competency in addressing oral hygiene, what specific interventions have been used in treatment of oral hygiene, as well as efficacy and practicality of selected interventions, and perceptions of and barriers to collaborative efforts with dental professionals and oral hygiene interventions in general.

Procedures: After IRB approval, researchers distributed the survey through various social media outlets including POTA, Reddit, Instagram, and email. A Qualtrics link was provided. Once respondents acknowledged the informed consent, they were able to access the survey. Participants were given unlimited time to complete the survey but were required to complete it in one sitting. The survey responses were anonymous.

Data Analysis: Survey responses were imported and analyzed using IBM & SPSS software. Open-ended questions were coded into general themes using descriptive coding. Researchers enhanced trustworthiness by utilizing multiple coders and following code-recode procedures.

Results

Demographics

61.1% (n = 33) of participants work in **medical settings** and 38.9% (n = 21) work in **educational settings**.

85.5% (n = 47) of participants were **OTs**, while the remainder (n = 8) were **OTAs**.

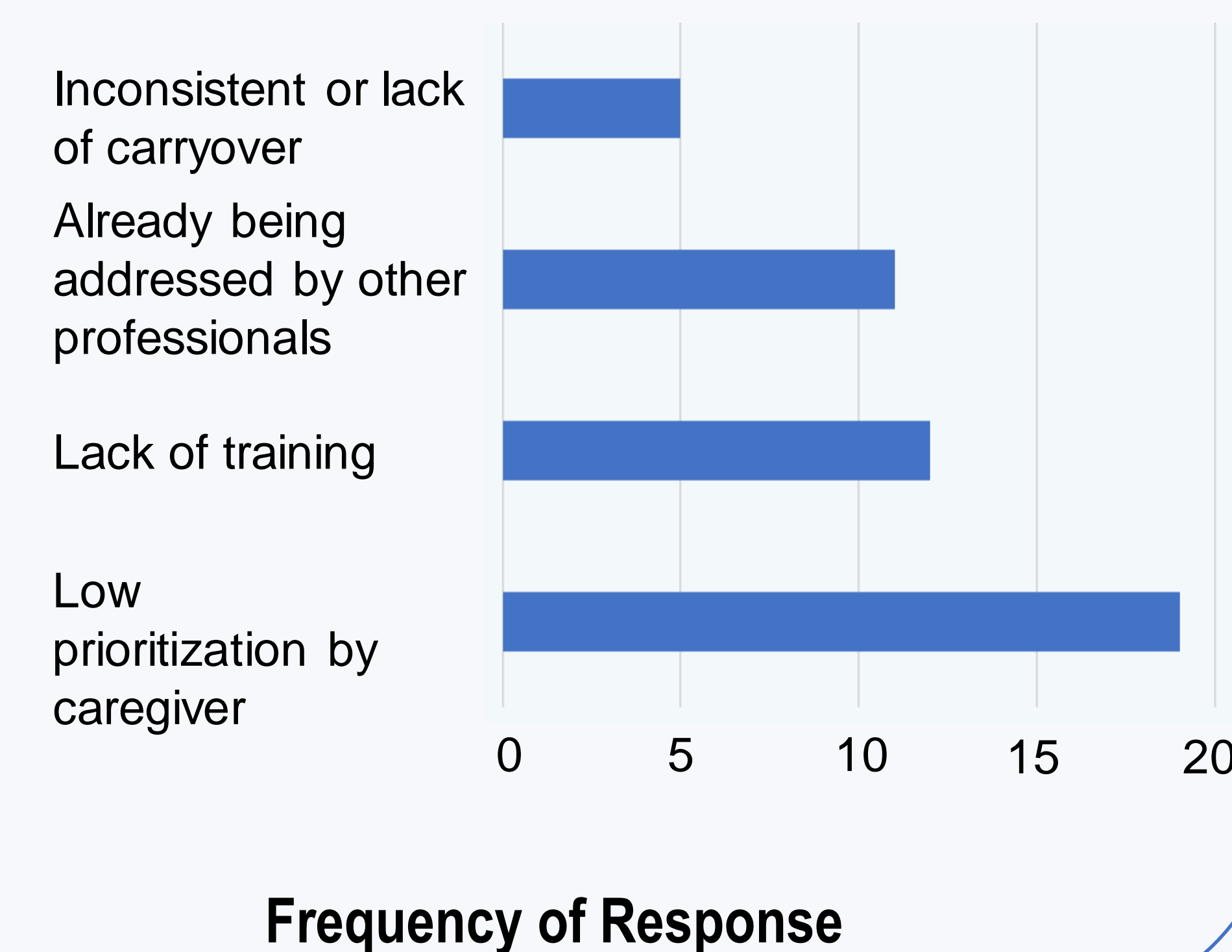
72.2% (n = 39) of participants felt **'competent'** in addressing OH.

Interventions

Category	Efficacy	Likelihood of Cont. Use
Caregiver	2.7	3.6
Visual	2.6	3.3
Sensory/Occupation Focused	3.1	3.7
Behavioral	2.6	3.1

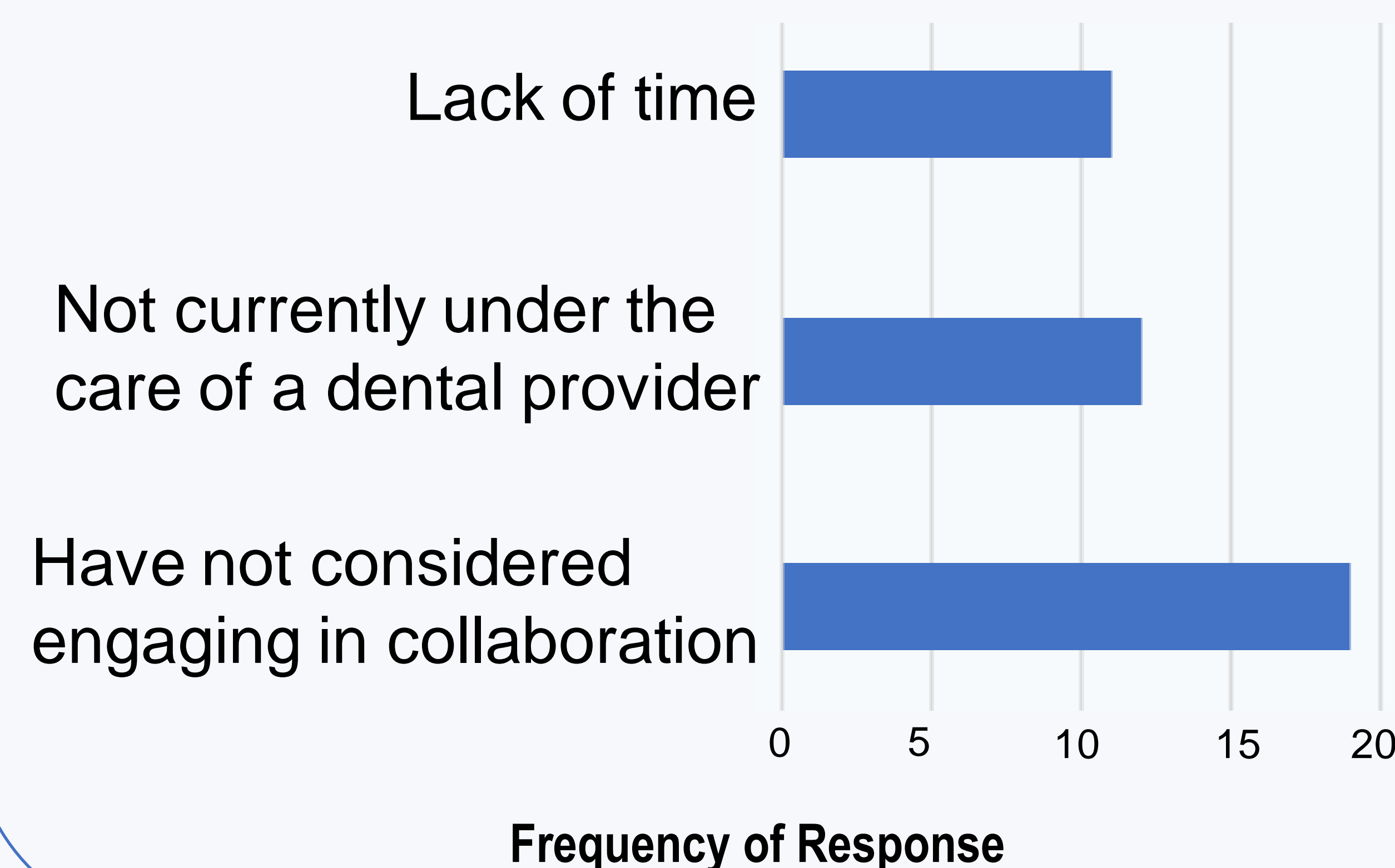
Note: Numerical values are based on a 1-4 Likert Scale with 1= effective, 4= extremely effective for efficacy, and 1 = disagree, 4 = agree for likelihood of continued use.

Top 3 Barriers to Implementation of OH Interventions

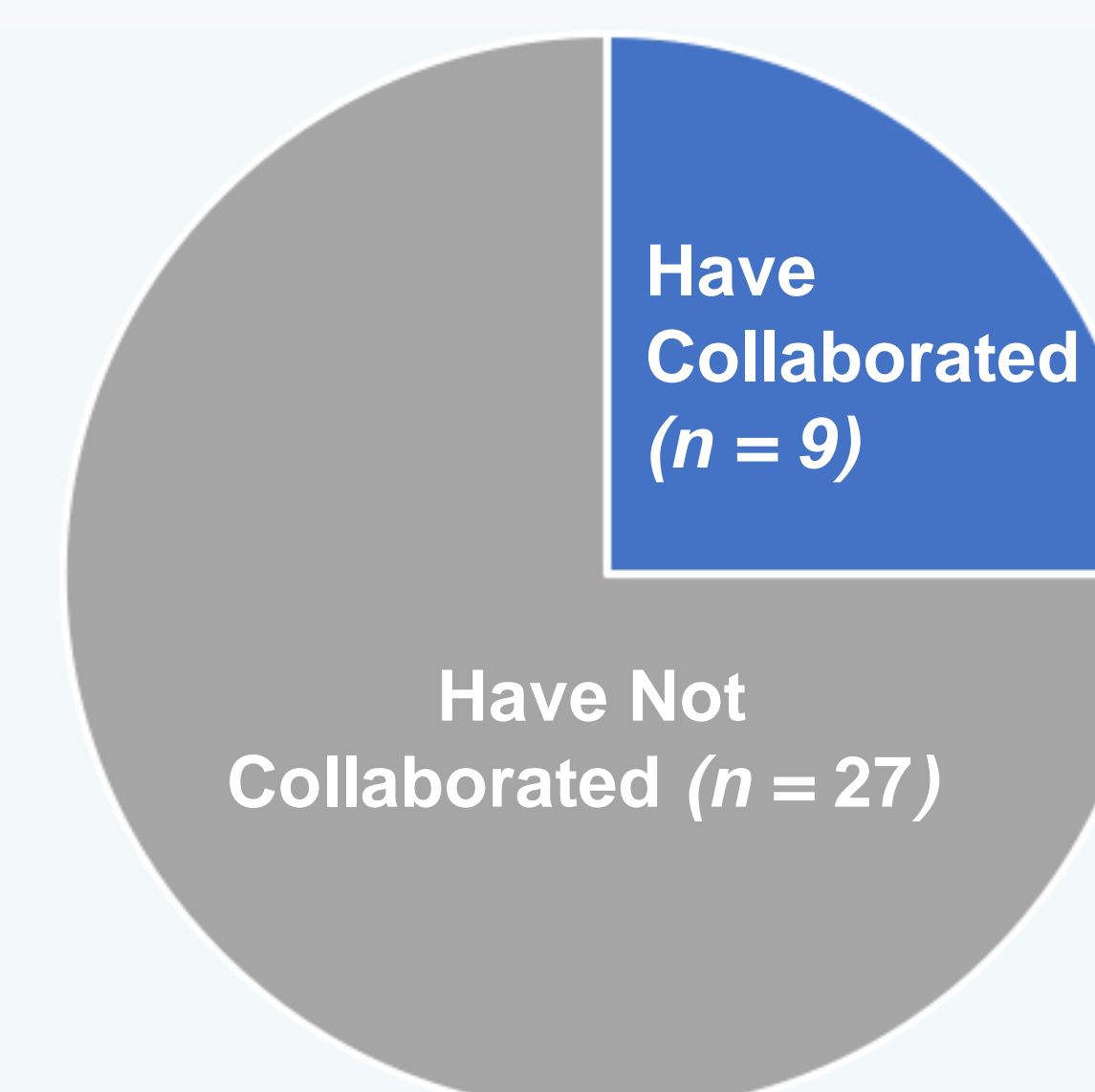


Collaboration

Top 3 Barriers to Collaborating with Dentists



Of the 25% of participants who have collaborated with dentists, all reported **some degree of satisfaction** with collaboration.



Discussion

- Data surrounding OH interventions demonstrated that there is not one distinct category of interventions being implemented for OH. Across interventions used, all were similar in terms of perceived efficacy and likelihood of continued use.
- Though participants reported a sense of competency treating OH, there were a variety of barriers identified to implementation in practice.
- Lack of carryover in the home was a common theme as a barrier to implementation of OH interventions. Possible explanations for lack of carryover relate to caregiver burden and low prioritization of OH relative to more pressing needs of the child. This finding is consistent with the literature. ^{3,9}
- Though few participants had worked with dentists, those who did reported varying degrees of satisfaction with the collaboration. This finding is consistent with the limited literature suggesting potential positive outcomes as a result of this collaboration.² Most participants who had not collaborated reported never considering the collaboration.
- Limitations of the current research include the following: a small sample size, a non-representative sample and lack of a standardized and widely used questionnaire.
- Future research is needed to ascertain which interventions would be most effective in limiting caregiver burden as it relates to OH. Another area for future research is a more thorough assessment of the barriers to dental collaboration, as well as ways to overcome these barriers.

Conclusion

The current study suggests that a wide variety of OH interventions are being implemented in practice and are perceived to be efficacious by OT/OTAs. Implementation of these interventions is not without barriers, the most reported being carryover in the home. Findings suggest the potential for positive outcomes of the collaboration between dental professionals and OTs/OTAs. Future research is needed to explore how to navigate this collaboration given the time and setting constraints within each discipline.

References



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