

**PURPOSE:** To evaluate whether oral health fatalism (OHF) and oral health self-efficacy (OHSE) beliefs can change over time in caregivers of children with autism spectrum disorder (ASD).

- BACKGROUND:**
- OHF is the belief that there is nothing an individual can do to prevent poor oral health outcomes
  - OHSE involves the confidence in an individual to improve oral health outcomes
  - OHF endorsement has been correlated with poorer oral hygiene and higher caries experience
  - OHSE has been correlated with increased brushing frequency

- METHODS:**
- Secondary analysis using questionnaire data from 118 Medicaid-eligible families of children with ASD (ages 3-13 years)
  - Caregivers participated in a multi-site randomized clinical trial of a parent training (PT) intervention supporting home oral hygiene (OH)
  - Both groups had dental visits at baseline, 3-, and 6-month intervals between 2017 and 2018
  - Intervention involved PT with motivational interviewing and cognitive behavioral techniques
  - Both intervention and control received dental toolkit with printed OH information, electric toothbrush, 6-month supply of OH materials, and mock dental tools

- RESULTS:**
- At baseline, **25% of caregivers did not endorse OHF beliefs** and **11% did not endorse OHSE confidence**
  - At 6-months, **37% of caregivers did not endorse OHF beliefs** and **5% did not endorse OHSE confidence**
  - The change between baseline and 6-months was significant ( $P = .01$ )
  - There was no significant changes in OHF and OHSE between the intervention and control groups ( $P > .05$ )

Oral health fatalism and oral health self-efficacy beliefs changed over the 6-month study period.

Regular dental visits and access to oral hygiene information and materials may promote decreased OHF and increased OHSE endorsement.

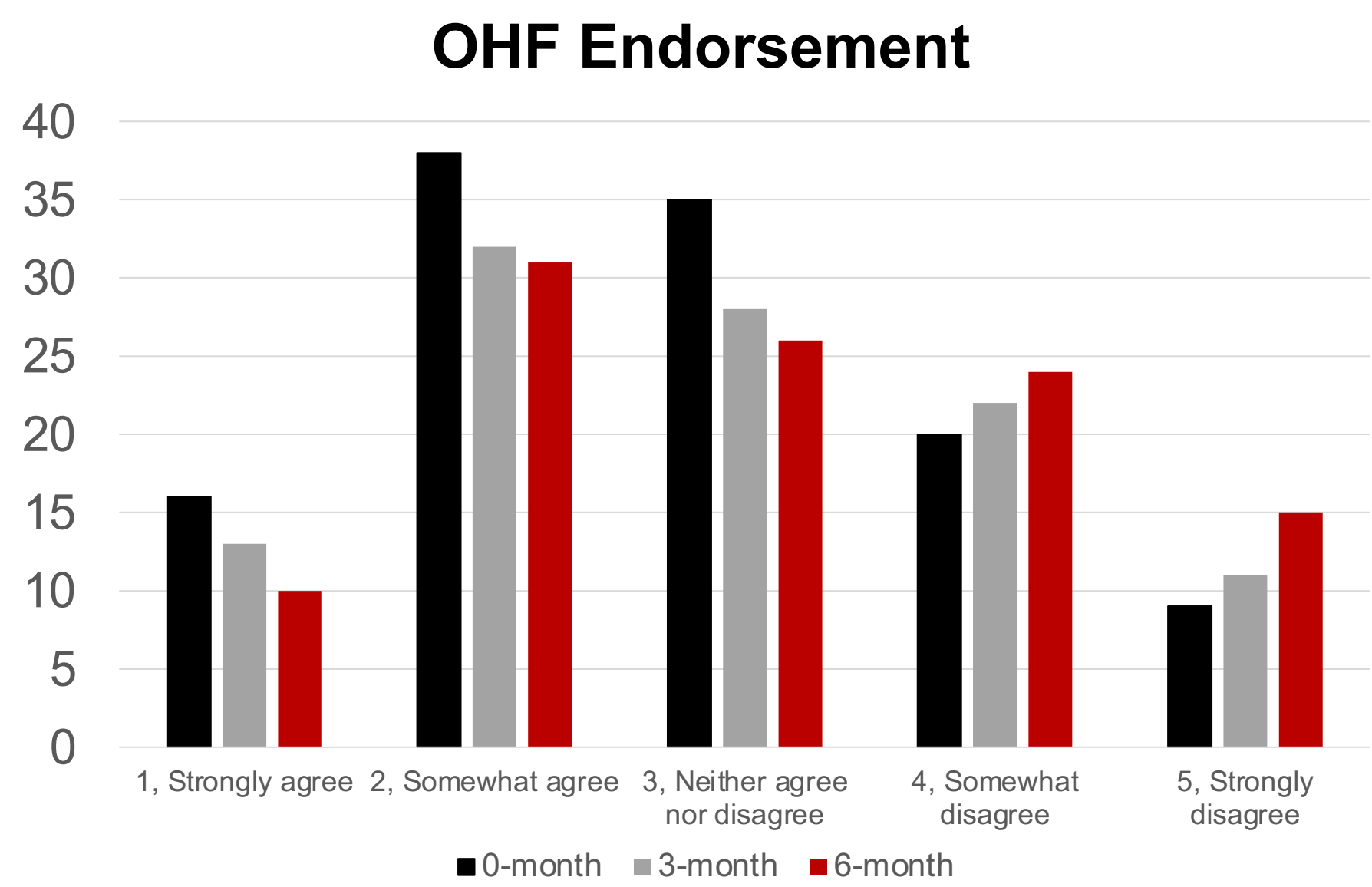


Figure 1: Caregiver agreement with “Most children eventually develop dental cavities”

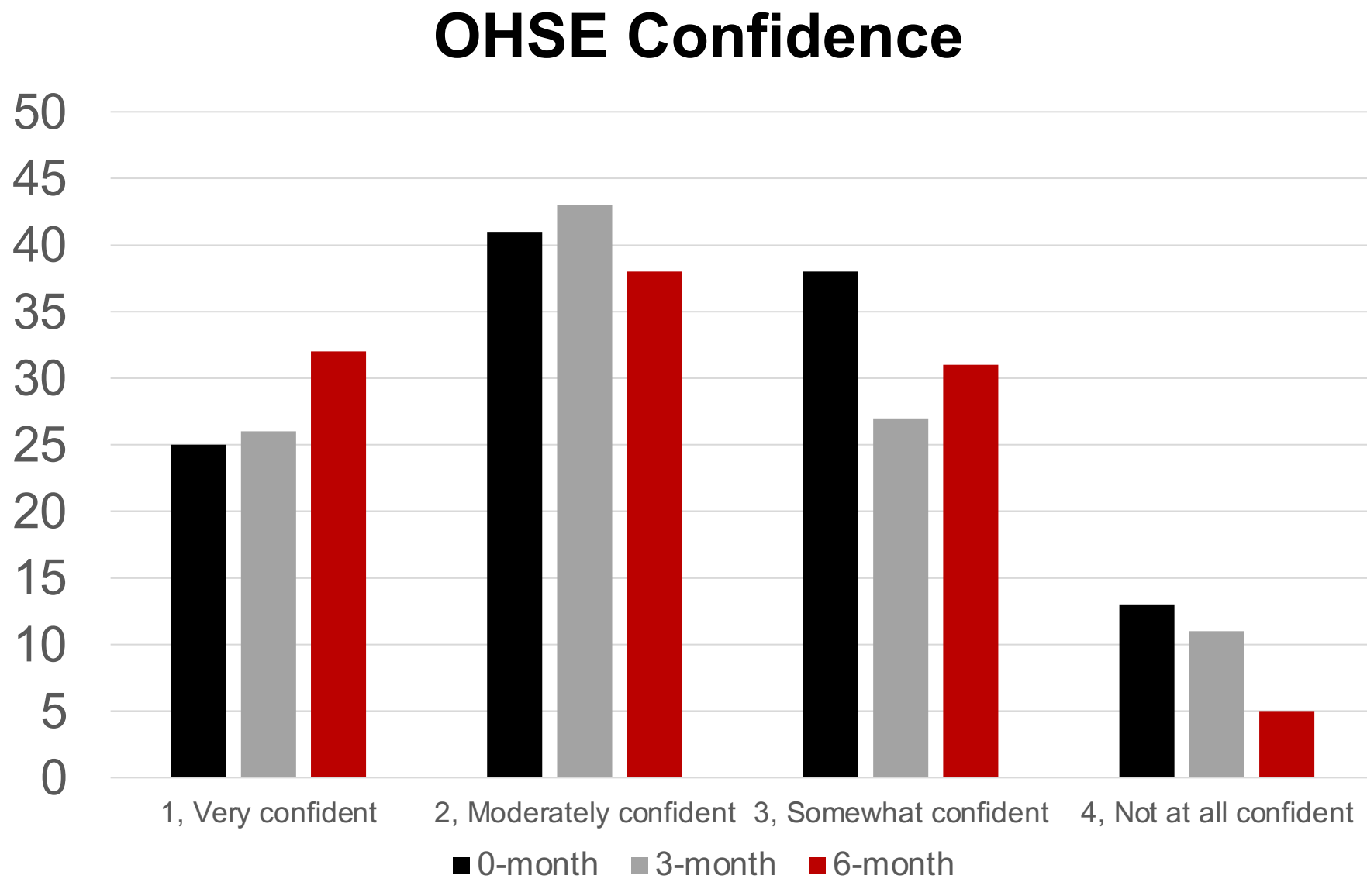


Figure 2: Rounded mean caregiver response to “How confident are you that you can brush your child’s teeth” for nine scenarios

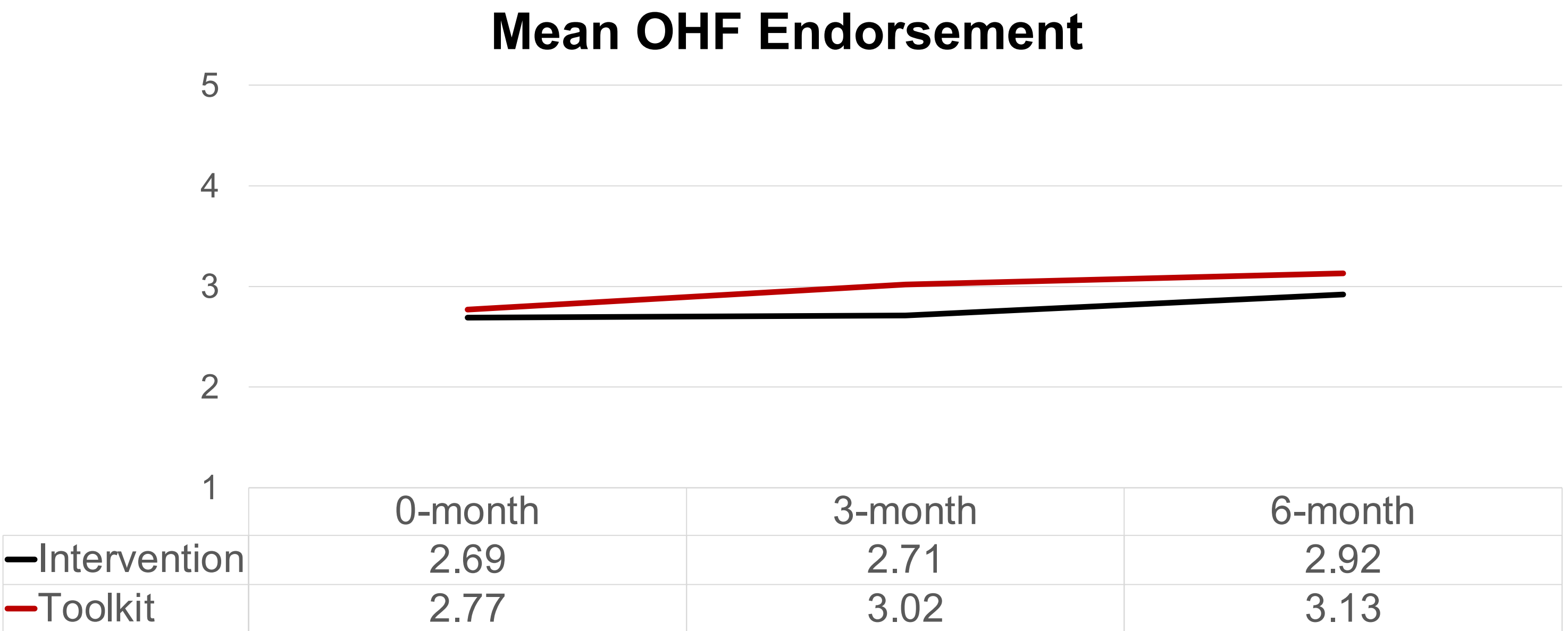


Figure 3: Mean OHF Likert score for intervention and control groups. Caregiver agreement with “Most children eventually develop dental cavities”.  
1 = Strongly agree  
2 = Somewhat agree  
3 = Neither agree nor disagree  
4 = Somewhat disagree  
5 = Strongly disagree

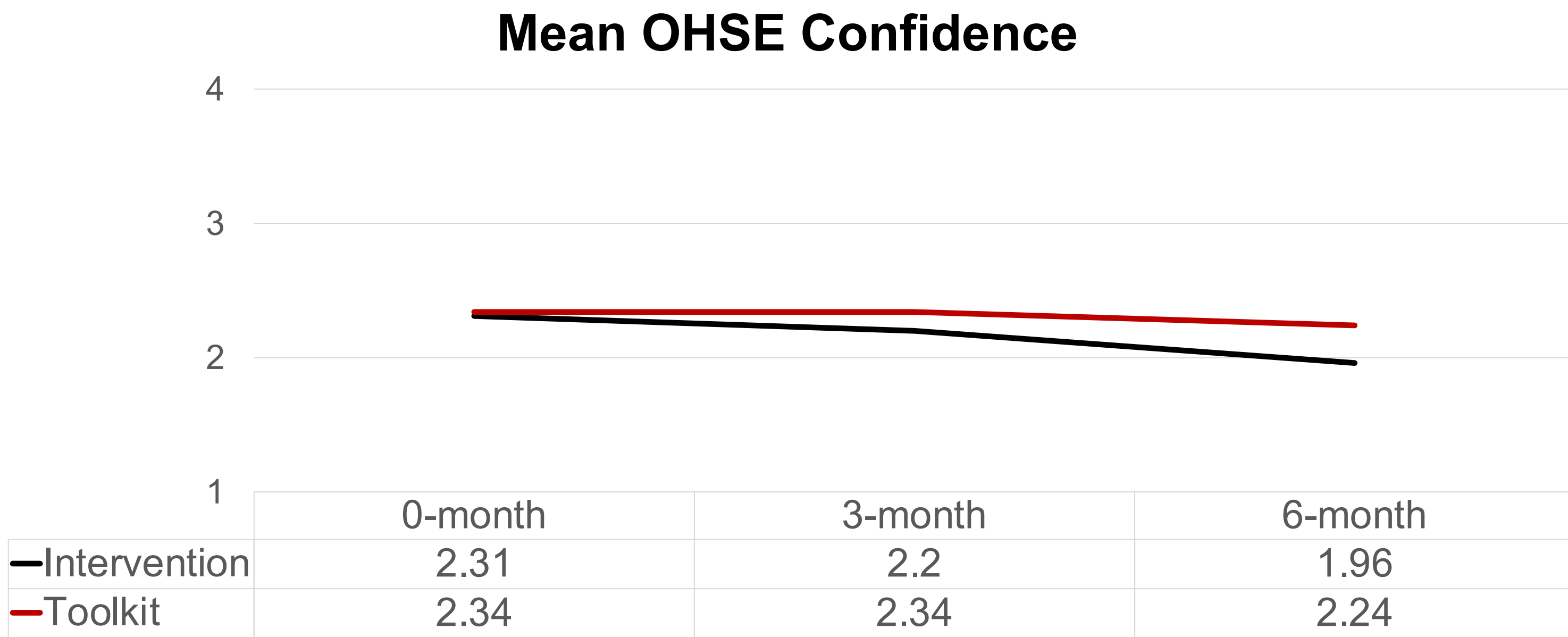


Figure 4: Mean OHSE Likert score for intervention and control groups. Averaged caregiver response to “How confident are you that you can brush your child’s teeth” for nine scenarios.  
1 = Very confident  
2 = Moderately confident  
3 = Somewhat confident  
4 = Not at all confident

