

Ask, Listen, Confirm: Supporting Consent and Assent in Your Practice

A Resource for Providers



Why It Matters

Adults with intellectual and developmental disabilities (IDD) have the same legal right to make decisions about their care as any other adult, unless a court has appointed a legal guardian.

- **Consent** = A legal “yes” to treatment. Given by the patient if they are their own decision-maker or by a court-appointed guardian when required.
- **Assent** = The patient shows they understand (to the best of their ability) and agrees verbally, with gestures, or by calm participation.

Key Principle: Even when a guardian signs, never skip explaining the procedure in plain language and asking the patient if they are okay to proceed.

Your role is to:

1. Check who can legally consent.
2. Seek the patient’s assent whenever possible.
3. Honor the patient’s safety, comfort, and preferences.
4. Ensure alignment and preparation before each procedure.

Steps for the Dental Team

1. Identify the Decision-Maker

- Ask at scheduling: “Who can give legal consent for dental care?”
- Request any guardianship paperwork if a guardian is involved.
- Check your state’s age of majority and types of guardianship (e.g., full, limited, or supported decision-making).
- Remember: parental rights typically end when the individual reaches the legal age of majority unless guardianship continues by court order.
- If parents need access to information after this point, obtain a HIPAA release from the adult patient.

2. Prepare and Align Expectations

- Make sure there’s adequate preparation and alignment with expectations before beginning a procedure.
- Review the patient’s comfort plan and any sensory preferences or triggers.
- Ensure your team has the right communication tools in place (see Communication Supports Checklist).
- Develop a shared understanding with the patient and guardian about what can realistically be accomplished today.
- In developing realistic expectations, also develop contingency plans and alternative options if proposed management strategies are not achievable.

Reflection Questions:

- Does my practice have the tools to make this appointment successful?
- Are there other practices in my network or region that could better support this patient if needed?

3. Explain the Procedure in Plain Language

- Example: “We are going to clean your teeth with a special brush. It might feel tickly and last about 10 minutes.”
- Use clear visuals or models as needed.

Steps for the Dental Team (Continued)

4. Seek the Patient's Assent

- Use yes/no questions or gestures: "Is it okay if we start now?"
- Look for agreement signs (nodding, relaxed posture) or refusal signs (shaking head, pulling away).
- Note that some actions—like pulling back or shaking the head—may not always mean refusal but could be typical responses or sensory reactions

5. Respect a "No" as Appropriate

- Pause, re-explain, or offer breaks.
- If the patient continues to refuse, stop and reassess before proceeding.
- If treatment cannot proceed safely, consider a specialized dental referral (e.g., to a special care or developmental dentist).

Reassessment means verifying that:

- Safety is not compromised.
- You have identified a safe point to stop or pause the procedure.
- You have considered whether sensory tools could help the patient continue comfortably.
- You have discussed alternative approaches or contingency plans with the patient and guardian.

Helpful phrasing:

- "Let's re-evaluate our next step."
- "Let's check if it's safe to move forward."
- "Let's explore another approach or partner who can help."