AUTISM IS....

Autism is a severe developmental disorder of neurobiological origin that begins in early childhood and results in seriously impaired social interaction, communication and behavioral functioning. The following diagnoses all fall within Autism Spectrum Disorder:

- Pervasive Developmental Disorder (PDD)
- PDD NOS
- Childhood Disintegrative Disorder
- Autism
- Asperger's Disorder
- High Functioning Autism

Persons with Autism have significant difficulty understanding, sometimes resulting in inappropriate behavior. Unusual and challenging behaviors are often present, such as extreme reactions to minor changes, unusual sensitivities to particular sounds, sights or textures, compulsive routines and repetitive motor behaviors. Problems in communication, inflexibility and extreme sensitivity could make any encounter with a health care provider a challenge for both the patient and the provider. This brochure is intended to offer some quick suggestions for the practitioner and staff. For more information about Autism visit: www.northshorelij.com/autism

THE HEALTHCARE VISIT

It is essential that the health care team be creative, keep their sense of humor and, when possible, prepare in advance. Below are some steps to follow to make an office visit a success for a child with Autism:

- **Assessment/Parent Interview.** A 15- or 20-minute phone conversation before the visit could make all the difference.
- **Consult** with the parents or caregivers for tips that work. They are your greatest allies and the best experts on this particular child. Questions to ask include: What is the child’s response to crowds? Is the child verbal? How much language does the child understand?
- **Planning,** based on this child’s strengths and sensitivities. For example, a quiet waiting area for a child who is sensitive to noise, or a particular reward on hand that is familiar to this child.
- **Be familiar** with behavioral protocols to increase compliance: modeling, rewards and shaping for example, and know which ones are used with this child at home and school.
- **Implement** the plan you have so carefully worked on with all staff and the patient’s parents or caregivers.

Assessment can be done over the phone, with the parent, for 15 or 20 minutes the day before the visit. Ask about the child’s strengths, limitations and previous experiences with similar appointments. Ask what has worked in the past. Make a plan for how the visit will be handled by the providers. Decide where the patient will wait, how the wait can be minimized or eliminated altogether, what procedures will need to be done, who will do the procedures, and what behavioral techniques will be employed, if any, to make it easier for the patient to comply.
Techniques to use with patients who have disorders on the Autism Spectrum:

**Choice**
- If possible, offer a choice. For example, “Would you like me to look in your right ear or your left ear first?”

**Distraction**
- **Questions:** Ask questions about things they might logically be interested in, like pets or other family members.
- **Toys or Objects:** Encourage the child to play with toys or objects they enjoy. Offer a safe object to explore.
- **Counting and Singing:** If the child will count or sing, these are excellent distraction techniques. If the child is less related or has language difficulties, other techniques may be more appropriate.

**Imitation and Role Modeling**
- Using a doll and other objects to represent the patient and medical apparatus, the child could be reassured about the procedure and given mastery over it. For instance, a pen could stand for a syringe and a vaccination could be modeled using the pen and the doll. Then the child could give a “vaccination” to the doll, and then the clinician could give the actual vaccination to the patient. This is an effective technique, particularly if the child has a tendency to imitate already.

**Rewards**
- Reward the child for complying with a request. **Do not assume** you know what is rewarding to the child.
- Children with Autism or a disorder on the spectrum may find upsetting what other children find rewarding. Ask the parent or caregiver what is rewarding to this particular patient. Reward any attempt at the behavior you are asking for from the child, and ignore any behavior that makes the target behavior impossible.

**Easy Request, then Difficult Request**
- Ask the child to do something you know she/he can do and is willing to do before you ask for a more difficult behavior. For instance, say to the child, “Show me your ears,” if you are sure the child can do that. Then follow with your request, “Open your mouth and stick out your tongue.”

**Visuals**
- Since some children with Autism or disorders on the spectrum have language difficulties, the procedures could be explained to them using pictures showing what will happen and what will be expected of them. This is particularly effective if the child is already used to communicating through pictures.

**Body Hold Techniques**
- Many parents or caregivers are already well trained in these techniques, and will know which techniques work well with their child. They can be enlisted for those procedures where the child needs to be immobilized.

**Pain Management**
- Offer analgesia such as EMLA cream for venipuncture or injections; this requires 45 minutes for maximum effectiveness. Offer distraction, i.e. cover with shirtsleeve to prevent child from removing.