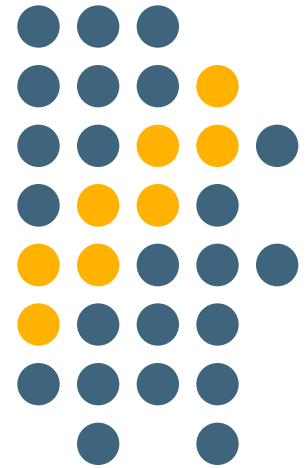

Autism Spectrum Disorder Training



May 2015

Mental Health Program

Autism Spectrum Disorder



Introduction

- This course is intended to offer/provide important information regarding Autism Spectrum Disorder for LHSC employees, affiliates and community partners involved with the Mental Health Program.
- The course will take approximately **20 minutes** to complete.



Autism Spectrum Disorder

Learning objectives



This module provides an overview for:

- Understanding the various forms of Autism Spectrum Disorder (ASD)
- Strategies to communicate more effectively with patients with ASD
- Procedures related to patient and staff safety regarding behavioural management of patients with ASD



Autism Spectrum Disorder

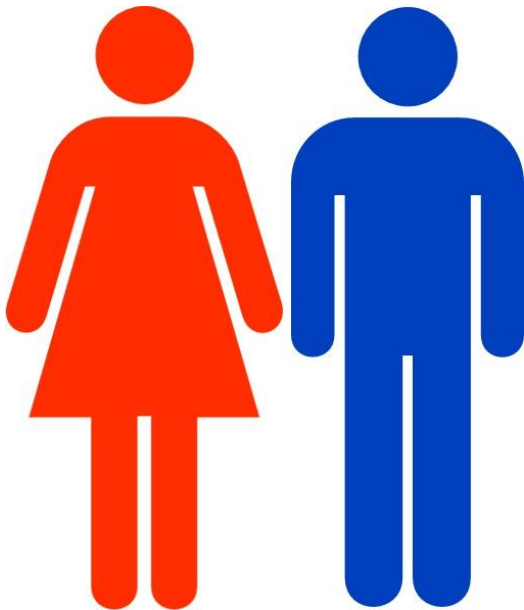
Overview



- Autistic Spectrum Disorders (ASD) are life-long neurodevelopmental conditions, and are present at birth
- The disorders are variable; some are profoundly delayed in language and development, while others are only mildly affected with average or above average intelligence and functional language

Autism Spectrum Disorder

Facts and statistics



- Approximately 1 in 110 children have ASD
- ASD is 4 times more common in males than females
- 50% to 70% of patients with ASD experience depression and anxiety

Autism Spectrum Disorder

ASD and comorbidity



- Rule out all medical/organic reasons for unexpected behaviour(s)
- It is important to note that signs and symptoms of mental health disorder (e.g., anxiety and depression) are not attributed primarily to the diagnosis of ASD and that appropriate and timely intervention ensues

Types of ASD's



**Autistic
Disorder**

**Asperger's
Disorder**

**Childhood
Disintegrative
Disorder**

**Pervasive Development Disorder
– Not Otherwise Specified**

Types of ASD



- **Autistic Disorder**

- The classical type; usually present prior to age three. Also called autism, classic autism and AD

- **Asperger's Disorder**

- A condition for which the usual impairments of autism are seen but there is usually no language or cognitive delay

- **Childhood Disintegrative Disorder**

- A condition in which at the age of three or four years old children begin to lose language, social skill and cognitive abilities that were previously established

- **Pervasive Development Disorder – Not Otherwise Specified**

- A condition for which the symptoms do not completely fit with a diagnosis of autism and the child or adult is usually not mentally impaired

The Spectrum

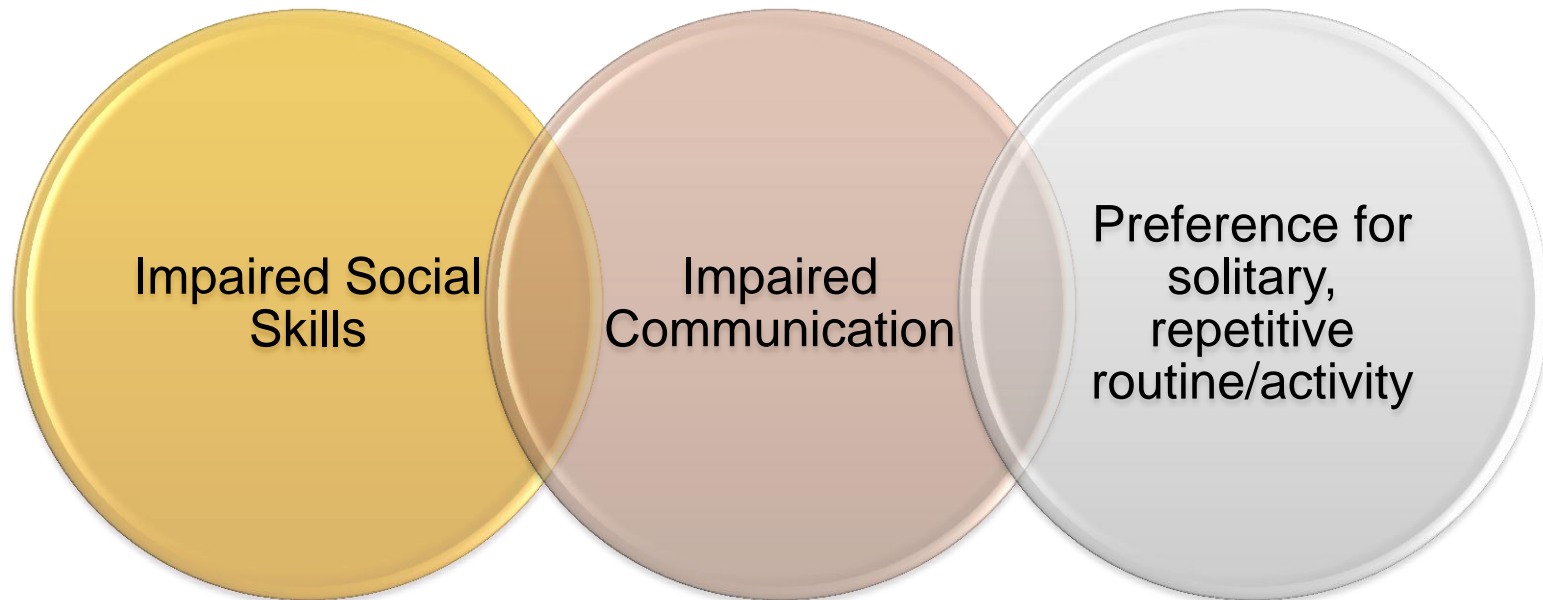
Variable degrees of difficulty



- Each individual is unique, two people with the same ASD diagnosis will not respond the same or exhibit the same behaviours
- They may also move back and forth along the continuum in response to external stimuli

The Triad of Impairments

Three key impairments of those with ASD



The Triad of Impairments



Impaired social skills

- Find it difficult to make friends
- Little or no interest in interacting socially with others
- Poor interpersonal skills and inability to establish relationships with others
- Poor use of gaze or gestures to show interest in an object
- Failure to notice or interpret other's social gestures e.g., Facial Expressions
- Inability to understand that other people have thoughts and beliefs of their own, lack empathy
- Inability to guess or perceive based on cues of what other people are feeling

The Triad of Impairments



Impaired communication

- Delayed or absent speech
- Peculiar speech patterns
- “Echolalia” – repeating what they hear on television or in movies
- Language or gestures not used to convey meaning
- Doesn’t smile when interacting with others
- May not understand facial expressions or tone of voice
- They may demonstrate a literal understanding of language, and think people mean exactly what they say, e.g., “pull up your socks”, “I’m pulling your leg”

The Triad of Impairments

Preference for solidarity, repetitive routine/activity



- Failure to take part in imaginative play or “pretend”
- Engages in rocking, spinning, flapping, twisting movements
- Becomes entranced by movement of objects
- Move hands or fingers oddly
- Lines up objects rather than using them for intended use

Communication

Types of communication



- Verbal

- Using words and/or sentences to communicate



- Vocal

- Using sounds, different frequencies, tone or volume to express need

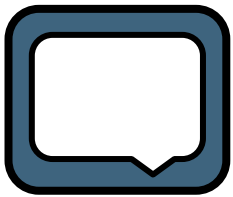


- Non-Verbal

- Using body movement, pointing, signing, pictures

Communication

Types of communication



- Verbal
 - Patients who are verbal have the ability to engage in two way communication, and to some degree express their needs
 - Patients with ASD often take things very literally and are not likely to understand play on words or humor (e.g., sarcasm)



Strategies and Tips

For verbal patients – “Talk back”

- The “talk back” method can be used to ensure patients understand your directions
- Some patients may appear to agree without fully understanding your instructions
- Have them repeat your instructions step-by-step to ensure they understand what is being asked

Communication

Types of communication



- Vocal
 - Vocal cues can be helpful to identify the patients needs
 - The family may be able to provide information about the meaning of vocal interaction, e.g., what it means if they grunt at a certain frequency
 - Higher volumes may mean excitement or extreme dissatisfaction depending on the person or situation

Communication

Types of communication



- Non-Verbal
 - It is important to communicate with patients who are non-verbal
 - Find out from the family or caregiver what certain signs and body movements mean, e.g., flashing the light switch means they're feeling anxious
 - Ask the family how they understand, e.g., can they nod if shown a picture to indicate that is what they want?



Strategies and Tips

For non-verbal patients

- Have them demonstrate what you would like them to do
- Some tools you can use to communicate include:
 - Whiteboard
 - Tablets
 - Typing (Keyboard)
 - Pictures

Documentation

Gathering and analyzing information



- When you talk to the family or identify pertinent information about the patient, document it clearly; this will allow others to provide consistent care, and use strategies that work well for the patient
- Using a Behavioural Journal or a Daily Activity Journal are examples of effective communication between team members that may help identify trends and therefore mitigate aggressive behaviours

Behavioural Journal (example)



John Smith, non-verbal ASD patient

<i>Date and Time</i>	<i>Event/Issue</i>	<i>Where?</i>	<i>What happened?</i>	<i>What was not effective?</i>	<i>What worked?</i>	<i>Plan/Action</i>
<i>April 27, 9:30am</i>	<i>Not eating, even potatoes which mom says he loves</i>	<i>Dining room</i>	<i>Presented with potatoes and sausages with no response in 10 minutes</i>	<i>Removed sausages, removed milk</i>	<i>Nothing- no food, only apple juice by 1000am</i>	<i>Call mom- unavailable until mid afternoon</i>
<i>April 27, noon</i>	<i>same</i>	<i>Dining room</i>	<i>Presented with potatoes and nothing else with no response in 10 minutes</i>	<i>Took fork and offered spoon, put on paper plate vs plastic</i>	<i>Offered Ketchup packet and John squealed so I put on the potatoes and he ate them</i>	<i>Offer ketchup with potatoes</i>
<i>April 30, 1500</i>	<i>John standing hitting head on wall</i>	<i>Patient Room</i>	<i>Patient in next room yelling and very angry, banging door. Neighbor settled but John was still upset</i>	<i>Offered ear plugs, put on music - BACH</i>	<i>Held up bathroom towel and John followed me to shower and settled in shower</i>	<i>If John upset, showers can be soothing</i>

Family/Caregiver Engagement

Families are a source of key information



- Families may contribute to the behavioural journal
- Use a communication book for families to voice preferences, availability, observations, questions and or concerns
- Have a regular point of contact to provide daily assistance as well as arrange regular meetings with the interdisciplinary teams e.g., Social Worker
- Set up regular meetings between family/caregivers and healthcare team in order to share regular updates, progress reports, strategic discharge planning and coordination of care

Ask Questions

Every patient will be different



- Talk to the family or caregiver about the patient's communication skills and preferences
 - Do they cry to communicate something? What soothes them?
 - Do they respond to 'No' or 'Stop'?
 - Is there an action they consistently do that means something?

Understanding Needs

The difference in a patient with ASD



To support patients with ASD, health care providers should consider a holistic approach to care planning. Health care team members are required to be flexible in meeting the needs of the patients, by keeping their routine as consistent as possible with their home schedule.



Understanding Needs

Need for predictability

Going to the hospital can be an anxiety provoking situation for anyone, especially for patients with ASD. The following may cause an individual with ASD to become agitated:

- No familiar people present e.g., mother or favorite orderly
- New faces who may not understand their needs
- Restricted or changing architecture (e.g., limited and different spaces, no access to outdoor space)
- No familiar routine, schedule is random and unexpected
- Noise that is constant and changing

Understanding Behaviour

Why might the patient get aggressive?



People with ASD are capable of recognizing their own thoughts and feelings but may lack the ability to do the same with others (e.g., empathy). They may not understand how their aggressive or violent behaviours are perceived or how they affect others. In many cases, their aggressive behaviour is a form of communication.



Understanding Behaviour

Self injurious behaviours

The most common forms of these behaviours include:

- Head-banging
- Hand-biting
- Excessive rubbing and scratching

Although patient safety is the concern, we need to explore the underlying reason(s) for the behaviour(s) in order to minimize future impact.

Understanding Behaviour

Self injurious behaviours



Why do they self injure?

- Seizures – involuntary
- Pain – to distract from other source of pain
- Sensory – to increase stimulation
- Communication/frustration
- Social attention
- To avoid or obtain something



Understanding Behaviour

Sensory challenges, can be triggering or soothing



Sights: May be sensitive to color, brightness, size, reflection and pattern



Sounds: May be magnified or invasive, could affect concentration and result in pain

Some examples include:

- Sudden unexpected noises, e.g., phone, heels on the floor
- Continuous high pitched sounds e.g., fluorescent light or fridges
- Confusing sounds, conversations in hallways or nursing stations



Understanding Behaviour

Sensory challenges, can be triggering or soothing



Touch: Handshakes, hugs, fabric of clothes, general touching



Taste: Foods often should not be mixed on a plate, texture of foods change when chewing in the mouth, usually no sauces, loud foods – Carrot, for example explode in head for some when chewed



Smell: Individuals have their own smell, perfumes and other strong smells can have an impact on patients with ASD



Understanding Behaviour

Sensory challenges



Balance:

- Patients may experience a lack of coordination, and therefore sudden change in body position may appear as aggressive behaviour
- Patients may have difficulty balancing still in a chair



Proprioceptive dysfunction:

- Not always sure where body is in space results with problems dressing, walking through a door



Managing Behaviour

Case scenario

John Smith is a non-verbal ASD patient that has been on the floor for a couple of days. His mom comes to visit often and has given us a lot of information about his behaviours.

He does get agitated rather easily from loud noises, does not like to be touched and can sometimes behave aggressively when he can't communicate what he wants. He will bang his head on things and be very vocal when upset. He cannot stand the texture of oatmeal and water is very soothing to him.

Managing Behaviour

Case scenario



It's Wednesday and John is in the dining area for breakfast, he receives cream of wheat, some fruit and toast. John is not eating well and throws his dish on the floor. Throughout the day there are 2 code blues, a code red with alarms and several overhead pages for a car parked in front of the B tower entrance.

John is rocking back and forth with his hands over his ears, hitting his head against a wall and is grunting very loudly.

What could John's caregiver do to help him?



Managing Behaviour

Case scenario debrief

- Caregiver could identify that he was agitated by breakfast due to dislike for oatmeal and perhaps get him something else
- Try to come up with solutions for the loud noises e.g., ear plugs, more silent space, soothing music
- Since water soothes him, perhaps a shower or other water therapy
- Use the **new** *Interdisciplinary Care Plan for Autistic Spectrum Disorder*

Managing Behaviour

Preferences change



- Remember that a particular strategy might only work short term and then other strategies may have to be explored
- Not one thing is the answer for everyone
- A multi-factorial, holistic approach is optimal and therefore a variety of strategies may be required at one time to manage a range of different behaviours
- Be compassionate, flexible and explore all options



Code White

If the situation escalates

- A patient may require physical intervention
- Use panic alarm and/or code white
- Use a team leader to take charge, stay calm and minimize sensory overload for the patient
- Adequate resources to manage the situation, often a patient with ASD will not tire easily
- Debriefing – “What did we learn?”



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