

New York Presbyterian – Autism Task Force Therapy Panel

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TIPS FOR DE-ESCALATING

Show open, accepting body language. Stand at an angle rather than facing the patient directly in a ‘confrontational’ pose. Keep hands open and visible. Avoid ‘clenched’ body language such as crossing arms or balling hands into fists.

Provide adequate personal space. Stand 1.5 to 3 feet away

Limit number of adults involved. Having too many adults involved can be counter-productive. Engage with the patient one-on-one.

Do not block escape routes. When engaging a patient in a de-escalation, do not position yourself between the patient and the door. If they say, “get out of the way,” step back to give them additional personal space and reposition yourself out of their potential escape path

Communicate using simple, direct language. Keep your vocabulary simple and your sentences brief.

Set limits. Give them clear, simple, and enforceable limits. Offer concise and respectful choices and consequences.

SAMPLE PATIENT INTAKE

1. Sensory Based Questions

- How would you describe your child's sensory system? Over-reactive, Under-reactive or Mixed reactivity
- What are some of your child's most important and unique sensory needs? ex. Require lots of movement, dislikes loud sounds, etc.
- What helps to calm your child when they are upset?
- What sensory experiences does your child seem to enjoy?

2. Behavioral Questions

- Are there any behaviors that your child has that you would like us to be aware of?
- Are there any triggers that may produce undesired reactions from your child?
- What are some strategies that you use to achieve cooperation in challenging situations?
- Does your child have a behavior plan or behavior interventions you think may be helpful?

3. Communication Information

- How does your child best communicate their needs?
- Are there any communication supports (i.e., pictures, speech-generating device) that should be used while here in the hospital?
- Do you have any suggestions for the best ways that staff should try to communicate with your child?

4. Feeding/medication intake

- Does your child have any mealtime/feeding differences that the staff should be aware of?
- Are there any ways that we can best support your child's nutrition while here in the hospital?
- How do you typically administer medication to your child?
- What is your child's typical response to having to take medication?

Behavior Strategies for Parents/Caregivers

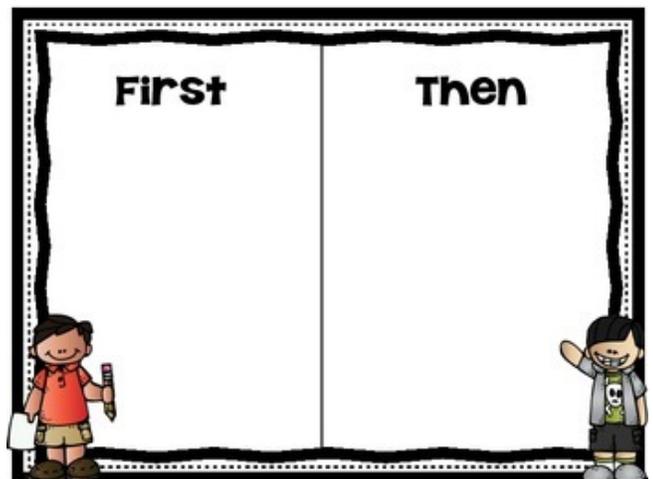
Provide visual aids (e.g., activity schedules, daily calendar) to help establish a predictable environment and routine



Prepare your child for transitions and changes in routines. Some helpful strategies include:

- Giving a verbal two-minute warning
- Activity schedule
- Check off lists
- Timers
- Social stories

“FIRST-THEN” statements guide your child through transitions and help them engage in tasks that are difficult for them. Your child must first complete a non-preferred task as a condition for doing something they like. “FIRST-THEN” statements work best if they are positive and don’t focus on the misbehavior. For example, “FIRST we have to clean up our toys, THEN we can go outside” rather than “If you don’t clean up your toys, we can’t go outside.”



Provide access to breaks and encourage your child to use a safe, calm-down place to prevent challenging behaviors.



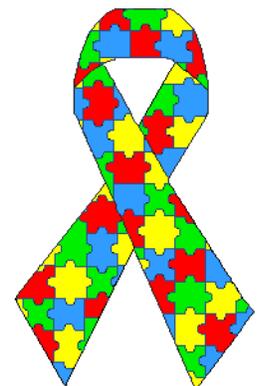
Give choices: Providing choices gives your child a sense of control and gives them practice in expressing their wants and needs. Start off by giving two choices for small decisions. Examples of when choices might be useful:

- Between two books
- Which academic task to work on first (if possible)
- Which recreational activity to enjoy
- Between food items during snack or meals

Praise the behaviors you want. It lets your child know the positive results for using appropriate behaviors.

Remember: when a new strategy is put in place, a behavior gets worse before it improves. Remain consistent, calm, and persistent during challenging behaviors.

End difficult days on a positive note: When your family has had a hard day, be sure to end it on a positive note. You can do this by having your child participate in previously mastered tasks, then provide plenty of praise!



Therapy tips for parents/caregivers while your child is inpatient

A hospital admission can be quite challenging for everyone in the family! We are here to support you along the way. Adapting the hospital environment can be very helpful for your child:

- If possible, please bring familiar objects from home: blankets, pillows, pictures, clothing, favorite toys, sensory objects, communication boards/ equipment, scents/ smells, food.
- Consider keeping the lights off or dim to reduce stimulation on the nervous system, use natural light as able
- Have a soft, familiar or preferred music playing or accessible to your child
- Use the whiteboard in your room to write a daily schedule
- Create a comfort zone in their room and a separate space for medical interventions if possible (ex: chair, windowsill) and use them consistently

Use your expertise and share this information with staff:

- What helps your child calm while upset? What sensory experiences does your child seem to enjoy?
- Are there any behaviors we should know about? Any triggers to make your child upset? What strategies do you use to get your child to participate in challenging situations?
- How does your child communicate their needs? What is the best way for staff to communicate?
- Does your child have any mealtime needs? How do they handle taking medication?



Therapy tips for clinical providers

As a care provider for children with autism, you can make a large impact on the child and family and their hospital experience. Here are some ideas!

- The parents/ caregivers are the most informed regarding each child's sensory, behavioral, communication and feeding/ medication preferences and behaviors. Ask them about these areas so that you can be prepared to use the information as needed.
- Be mindful of your tone of voice and the changes you bring to their hospital room and where you perform medical procedures in the room. Ideally the child should have a set space for medical interventions as well as a space for comfort in their room.
- Take the time to connect with each child. Spend a few minutes engaging with the child in a preferred activity and even role play about the necessary medical interventions!
- Use your observational skills! Be mindful about the child's state
- Be flexible when possible! Incorporate parents and find out the daily schedule/ events and plan accordingly
- Consider ordering therapy services for your patients and involving child life! We are happy to educate clinicians about the referral process!

