



## Ways to Help the ASD/SPD Client in Inpatient, Outpatient, and Group Healthcare Settings

Have them fill out the AASPIRE healthcare tool kit that can be found...[www.autismandhealth.org](http://www.autismandhealth.org) (This is a healthcare toolkit for people with ASD and healthcare providers serving them. It is based on a community-participatory research approach. It is by AASPIRE – Academic Autistic Spectrum Partnership in Research and Education, Portland State University, Portland, Oregon [www.aaspire.org](http://www.aaspire.org))

<p style="text-align: center;"><b>Before Sessions and Scheduling</b></p> <ol style="list-style-type: none"> <li>1. Have ear plugs available in waiting room</li> <li>2. If waiting room is busy allow to wait in an empty exam room, outside or in personal car</li> <li>3. Allow longer appointment times</li> <li>4. Keep in mind environmental factors when scheduling (i.e. lawn care)</li> <li>5. Try to keep session times consistent.</li> <li>6. Develop a before/after session plan to assist with self-regulation</li> </ol> <p style="text-align: center;"><b>Communication</b></p> <ol style="list-style-type: none"> <li>7. <b>ASK WHAT IS THE BEST WAY TO COMMUNICATE!</b></li> <li>8. <b>Develop a communication &amp; feeling system</b></li> <li>9. Sometimes email correspondence works best</li> <li>10. Ask direct questions (stay away from the open ended- i.e. "What has been going on?")</li> <li>11. Write down next steps</li> </ol>	<ol style="list-style-type: none"> <li>12. Give one direction at a time</li> <li>13. Allow written or alternative modes of communication-and actually READ what the client has written</li> <li>14. If voice volume goes up, he/she may be having trouble communicating (it doesn't mean he/she is angry)</li> <li>15. Use visuals to explain things</li> <li>16. <b><u>LISTEN</u> with undivided attention</b></li> </ol> <p style="text-align: center;"><b>Sensory</b></p> <ol style="list-style-type: none"> <li>17. Ask about sensory challenges</li> <li>18. Allow self-regulation such as pacing, fidgets, turning to the wall to talk, etc.</li> <li>19. Remember pain perception may be atypical</li> <li>20. Dim lights or allow to wear a rimmed hat</li> </ol> <p style="text-align: center;"><b>**Remember: Don't assume unwanted or negative "behaviors" are a result of defiance**</b></p>
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### **Specifically, for Inpatient and Group Settings**

**Educate-** Educate all staff re: the person with ASD/SPD (i.e. this may include kitchen, cleaning, or secretary staff), have the client educate peers about ASD/SPD, **educate yourself**

**Environmental-** allow to sit on ground or in a rocking chair, seat client at table facing away from commotion during meals, remove the clicking clock from room, change location for session if dysregulating stimuli is present (i.e. kitchen smells, lawn machines outside, air conditioner fan, etc), **PROVIDE SAFE SPOT**

**Program accommodations-** longer session times, allow to wear hat or sunglasses inside, give extra time for ADLs (showering, brushing teeth, getting dressed, meal prep, etc), **don't make every group** mandatory (instead help client develop health ways to reregulate), allow to start meal prep early, assign tasks during unstructured time (assists with self organization), include sensory regulating activities throughout day (sensory diet), **give extra time for tasks and communication**

**Assistive devices-** weighted blanket, lap pad, theraputty, compression vest, noise cancellation headphones...

**Visual aides-** communication and feeling charts, communication cards, sensory regulation charts, key chain reminders, task sequencing cards, sensory regulation coping cards, etc...

**Sensory based- allow sensory strategies and time for directed movement activities,** therapeutic brushing, Therapeutic Listening Therapy, sensory diet, aroma therapy, use of compression/weighted items, theraputty, use of sensory regulated activities during sessions (use crayons instead of pencil, sitting on floor instead of chair, sitting on wobble seat...), allow time for self-massage sequence or yoga inversion postures...

**Goal modifications- acknowledging that some behaviors have an ASD etiology and thus require a different focus point than an ED related goal...** (i.e. some behaviors related to food prep, eating with others, food variety, exercise, etc)...

## Interview Responses from Clinicians Working with ASD Clients...

- There are many misconceptions about them not wanting to socialize, they often do (want to socialize) but just do not know how.
- They will challenge your critical thinking skills. You really have to think outside the box when treating these individuals. You will have to be creative.
- I don't typically spend as much time talking about feelings. With my ASD clients we spend more time on practical issues such as time management, sensory regulation, or social skills. They don't typically do well with just talk therapy.
- They are very honest, sometimes to a fault.
- Repetition is key. They need that.
- Sessions will have to be different.
- Sometimes they have a hard time modulating their voices.
- If they are yelling or seem angry they are usually just frustrated about trying to communicate something that you are not understanding or they are not understanding your directions. They are not typically angry people.
- You have to be flexible with communication. They may communicate differently but that doesn't mean it is wrong.
- Give them more time to process information. I find that they need longer sessions in order to benefit from therapy. I can give that to them so I do, but I know that not all clinicians can.
- Listen. You really need to STOP and LISTEN.

