Working with Patients with Autism Spectrum Disorders and Mental Retardation

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- The usual methods of working with typical patients often are ineffective for those with autism spectrum disorders.
- It can be frustrating to work with a patient who responds to anxiety with aggression.
- A more directed approach may help make your day smoother and allow you to provide the level of patient care on which you pride yourself.
Autism Spectrum Disorders

ASD is a special kind of developmental delay, particularly in the social understanding:

- Autism
- Asperger’s syndrome
- Rett syndrome
- Childhood disintegrative disorder
- Pervasive Developmental Disorder (PDD NOS)
Autism Spectrum Disorders

- These disorders are characterized by brain processing problems.
- These processing problems lead to:
  - communication problems
  - impaired social interaction
  - restricted, repetitive and stereotyped behavior, interests and activities.
Brain Processing Problems in Autism Spectrum Disorders

Communication problems
- poor eye contact
- facial expressions don’t match context
- odd speech patterns
- delayed speech
Brain Processing Problems in Autism Spectrum Disorders

Impaired social interaction

- Social participation is reduced
  - odd topics, monopolize, no “give and take”
- Toy use is immature
  - Stereotyped, line up toys, spin wheels
- Initiation difficulties
- Thinking/perception
  - can’t “read” body language
Brain Processing Problems in Autism Spectrum Disorders

Restricted, repetitive and stereotyped behavior, interests and activities.

- Routines are important to them
- They desire order. “Proper” place, things to be predictable (same way every time)
- Strange body postures
- Self stimulatory
  - Hand flapping
  - Staring at moving objects
  - Playing with strings
Differences in Communication

- Verbal skills may be limited or absent
- May not respond to comments or questions
- There may be echolalia—repeating your words
- May have problems describing feelings.
- May appear to understand better than they do
Autism Tips: Communication

- Often do better with pictures than words.
  - Use pictures to show what to expect next and what you want done now.
- Give instructions 1 step at a time.
- Assume pain is present if pain is likely—even if denied.
- May perseverate on favorite topics:
  - Remain calm and quiet.
- Be concrete, avoid metaphors or figures of speech:
  - “Checking blood” could mean a checkmark pattern.
  - “Funny sound” might mean humorous.
Differences in Behavior ASD

- They use behavior to communicate
- May have an inability to “read” body language, facial expressions, tone of voice
- May treat others like objects
- May invade body space
- May not respond to name/conversation
  - allow more time for response
- Can become very anxious in unpredictable settings
Autism Tips: Behaviors

- Transitions can be a big problem
  - Use visuals to make routine predictable
  - Timers, countdowns, early reminders of impending change
  - Transition objects, something to take with them, might help
- Easily impacted by sights and sounds
  - Decrease noise, headphones may help
  - Move to quieter area
  - Some may be attracted to increased noise and sounds
Autism Tips: Behaviors

- May not know what is expected of them
  - Social stories, pictured routines can help
  - Visual outline of hands to cue “hands down”
- May impulsively wander/elope
  - Supervise
  - Like to follow lines, attracted to water
Autism Tips: Behaviors

- Firm touch better than light touch
  - May be very sensitive/unusual processing to touch

- Behavior can communicate increasing anxiety, misunderstanding, confusion
  - May observe self stimulation, eg, hand flapping, body rocking, noises, but don’t interrupt it
  - Try to modify/quiet environment if possible
  - Allow/use sensory items (string, cushy ball)
  - Remain calm yourself.
Autism Tips: Behavior

- Introduce new people, equipment
- Plan for positive behavior
  - Consider immediate reward/break following completion of demand
  - Threats or warnings of consequences may not be effective
- There are a variety of ways to de-escalate a “meltdown” or tantrum
  - Often will de-escalate if you back off briefly
  - Try to de-escalate before behavior has gotten bad—otherwise you may “teach” the person that inappropriate behavior will get them what they want.
Autism Tips: Behavior

- Look for sources of discomfort and treat
  - Constipation
  - Reflux
  - Sleep problems
  - Surgical/wound
  - Hunger
  - Headache
Mental Retardation

- Many of the same strategies for engaging individuals with autism can be applied to those with mental retardation.
- Although the behaviors may be different, the core communication strategies are salient for both populations.
Autism Tips: Summary

- Make haste slowly
  - Pushing too hard or too fast may make more work for you or lead to aggression
- Listen to those who know the person
- Use pictures/visuals if possible
- Keep directions and explanations simple, one step at a time
- These strategies may be helpful for a wide range of problems including mental retardation.
Contact Information

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Click the review test link below and answer the question to record your participation.

_________Review Test