



**A Guide for Emergency Department Personnel:
Assessing and Treating Individuals
with Autism**

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Introduction

The Need for Training

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition including impairments in social interactions, difficulty with communication, impairments in response to sensory stimuli and repetitive, stereotyped behaviors. It is estimated that up to 1% of the general population may be affected by ASD . Whether better diagnostic techniques or an actual rise in incidence, the prevalence of ASD is rising and healthcare settings are seeing an increase in these individuals seeking care (Venkat, Jauch, Russell, Crist, & Ferrell, 2012).

The first generation of people to be formally diagnosed are now in their 50s (Morton-Cooper, 2004). Morton-Cooper (2004) suggests that although we are accustomed to hearing of the condition in relation to children, as a disorder becoming obvious in later life and in old age, cases of autism could go unrecognized. Staff who have worked in emergency departments are quite often confronted by distressed and aggressive patients exhibiting challenging behaviors and who may find it difficult to communicate their needs effectively. “It stands to reason that at least some of these will be patients with autism, diagnosed or otherwise. Common sense also suggests that a proportion of the elderly mentally ill in the general population are also likely to be people with undiagnosed autism who have battled through life without the appropriate understanding and support and who remain psychologically, emotionally and perhaps physically damaged as a result.” (Morton-Cooper, 2004, p.17).

A needs survey conducted by the Pennsylvania Department of Public Welfare, Bureau of Autism (2011) identified barriers and limitations to accessing healthcare for individuals with autism. Families and caregivers reported facing difficulty finding providers who understand autism and have the training required to address the needs of an individual with autism. This is particularly difficult for adults with autism because adult providers often do not have the tools or training to provide services to individuals with autism. The results also indicated unwanted outcomes when accessing health care services. “Over half of caregivers of adults reported dissatisfaction with discharge planning, inclusion in treatment planning, and quality of treatment. Caregivers in all age groups report the most dissatisfaction with discharge planning (43% to 65%)” (Bureau of Autism, 2011).

The rising prevalence of ASD, the aging population of those diagnosed or undiagnosed with ASD and the limited training and understanding of ASD by general healthcare providers, indicates the need for more concerted and hands-on-hand training for service providers to address behaviors that may accompany autism and ongoing support to address these problems in their practice (Bureau of Autism, 2011).

The ACT for Autism training module introduces emergency department personnel to the unique characteristics and needs of people with an Autism Spectrum Disorder.

Understanding the relationship between an increased state of anxiety or stress and the characteristics of autism can enhance the successful delivery of service by emergency department personnel and avoid escalation of unwanted behavior and compromised care.

Using This Guide

This guide was developed for use with the ACT for Autism training video to provide additional information and resources.

After reviewing the training video, participants should read each of the sections in this training guide. The information gained from both the training video and this guide should adequately prepare the participant to take the evaluation test for this training.

Training Module Objectives

- ✓ Participants will be able to identify the characteristics of people with autism.
- ✓ Participants will recognize how and why the characteristic behaviors of autism can manifest during an emergency or stressful situation.
- ✓ Participants will understand the ACT response when dealing with individuals with autism during an emergency or stressful situation.
- ✓ Participants will be able to use information from this training to apply appropriate response protocols in the delivery of care.
- ✓ Participants will complete a competency test at the end of the module.

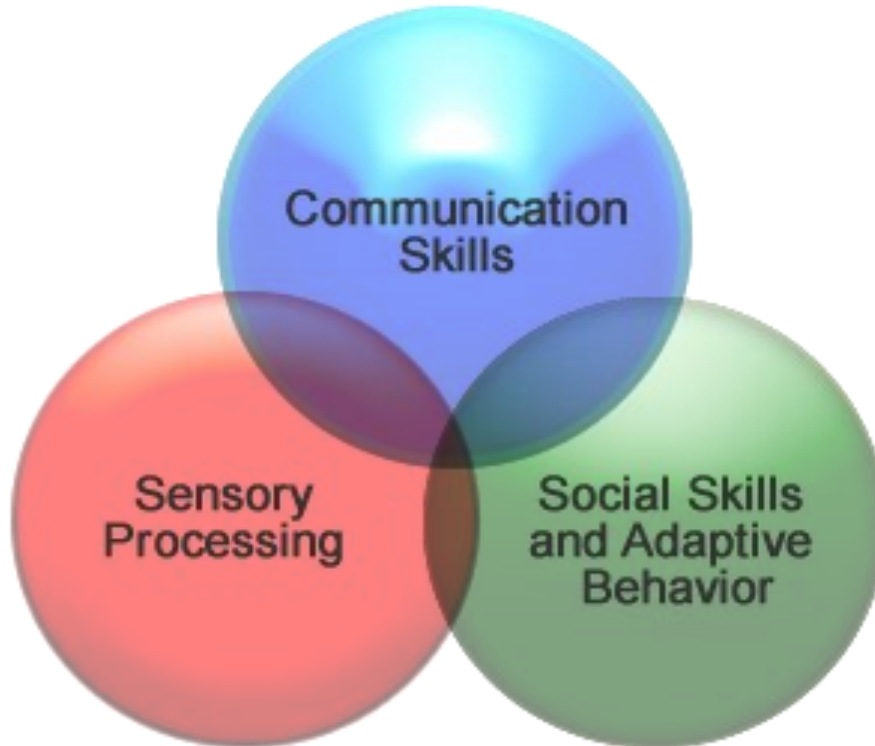
What is Autism?

According to the Center for Disease Control and Prevention (2012), Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder. Individuals with an ASD demonstrate significant social, communication, sensory and behavioral challenges. ASD is a neurological disorder, which causes people with an ASD to interpret information differently than other people.

The fact that ASD is a “spectrum disorder” means that each person is affected differently and may demonstrate a range of abilities and disabilities from very mild to severe. People with ASD share some similar characteristics, such as problems with social interaction, sensory and behavioral excesses and communication difficulties.

“It is estimated that 1 in 88 children in the United States have an Autism Spectrum Disorder” (CDC, 2012). Autism occurs across all ethnic, racial, and socioeconomic populations. Both males and females are affected; however, autism is 5 times more likely to occur in males than in females” (CDC, 2012).

Defining Characteristics of Autism



Individuals with autism cannot be identified by their physical appearance. They look the same as anyone else. They are identified by their behavior, and, because autism is a spectrum disorder, it presents differently in each individual. What works for one individual with autism may not work for another (Rzucidlo, 2005-07).

Although no two individuals with autism are alike, all persons with autism exhibit difficulty with communication, sensory processing, and social and adaptive behavior skills with varying degrees from mild to severe. Each of these three defining characteristics are inter-related, and it is often very difficult to separate the effects of one or the other on how that person will react in any given situation. Therefore, it is important to understand what you may observe, why it may be occurring and how the person with autism may react.

Let's examine each of these three areas of functioning more closely.

Communication Skills

A person with autism:

- Can be verbal, non-verbal, or echolalic.
The person may be able to use verbal language or they may be completely non-verbal. They may repeat something you said or a phrase they have heard over and over and over again. This is referred to as echolalia. Echolalia can be calming to the individual and should not be interpreted as rude or mimicking. Because the person with autism may lack the verbal skills to generate the words necessary to meaningfully communicate their wants or needs, echolalia may serve as an attempt to communicate with you.
- May appear deaf or refuse to respond.
The person may lack an awareness of the environment. They appear disinterested in others and seem oblivious to what is happening with others (Webber & Scheuermann, 2008).
- May have difficulty in expressing needs.
- May use words, gestures, signs, pictures or a communication device.
The person may use an alternative way to communicate. These alternatives could incorporate the use of no technology (sign language and picture cards) or some type of communication device.

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- May have difficulty understanding language and may interpret everything literally.
- May interpret or respond according to what they have seen or heard in prior personal experiences or on television.
- May have difficulty understanding complex sentences.
- May have difficulty understanding questions other than “yes or no” questions.
- May have difficulty following directions, especially multi-step directions.
- May avoid eye contact.

Sensory Processing

A person with autism:

- May be insensitive to pain.
Some individuals with autism do not have a normal range of sensations and may not feel the cold, heat, or pain in a typical manner. Therefore, they may not seek help. In fact, they may fail to acknowledge pain in spite of significant pathology being present. They may show an unusual pain response that could include laughter, humming, singing and removing of clothing (Cannata, 2003).
- Does not want to be touched or cuddled.
Unwanted touch could escalate the person's behavior or cause them to lash out with aggressive behavior.
- May exhibit an inappropriate behavioral response to sounds or sights.
They can be oversensitive and may respond with increased anxiety, increased repetitive behavior and bolting from the area.

Social and Adaptive Behavior

A person with autism:

- May prefer to be alone.
- May have no real fear or a lack of awareness of danger.
Individuals with autism often have a general lack of awareness of the potential dangers in the environment. This could result in placing themselves further into harm's way. Individuals with autism are strongly attracted to water and shining objects. They may grab, touch or place in mouth equipment and/or other dangerous objects. The use of a simple command such as "quiet hands" and model of hands folded together may prevent unwanted consequences of potential dangers.
- May laugh or giggle inappropriately.
- May have difficulty interacting with others.
- May insist on sameness or routine.
- May spin objects or self.
- May exhibit sustained, intense tantrums.
Tantrums can be more intense and longer in duration than typical. It takes a person with autism much longer than normal to de-escalate and recover from a tantrum. Once a person with autism is engaged in a tantrum, it is important to remain calm, talk in a quiet voice, do not restrain but maintain the safety of the individual and others.
- May have an inappropriate attachment to objects.
The object often brings comfort to the individual. Do not attempt to take the object from the individual unless it interferes with the safety of the person or others. Trying to take the object away will increase anxiety and may cause the individual to act out aggressively.

- May engage in repetitive behaviors such as hand flapping, rocking, jumping, finger flicking, or talking to one's self. These behaviors are calming to the individual, even if it doesn't appear calming. If these behaviors are NOT presenting as a danger to themselves or others, it is in your best interest not to interfere. Allow the behaviors to continue as long as the individual is safe and it is safe for others. Trying to stop the behaviors will increase anxiety and may cause the individual to act out aggressively (Cannata, 2003, p 1).

Understanding the unique characteristics of a person with autism is the first and most critical step in providing the successful delivery of services.

There are specific factors that should be kept in mind by emergency department personnel in caring for autism spectrum disorder patients.

Emergency Department Information and Tips for Management

The cognitive skills of a person with autism are often different. For example, these individuals may have a poor understanding of cause and effect and have little concept of consequences (Rzucidlo, 2005). They have a literal, restricted and rigid pattern of thinking. They often have a limited perspective of situations or circumstances and tend to view things as right or wrong, yes or no, black or white. They have an obsessive desire for routine and repetition. They also have a tendency to over select irrelevant environmental stimuli (Webber & Scheuermann, 2008). For example, they may fixate on or stare at an object in the room -- a badge, earrings, buttons (Rzucidlo, 2005).

Emergency department personnel should be aware of the following in caring for patients with ASD in the acute care setting:

- Forty percent (40%) of individuals with autism will develop epilepsy or some other seizure disorder by the end of adolescence. Consider the possibility of a seizure when dealing with an individual with autism when a patient presents with altered mental status (Rzucidlo, 2005). Management of the ASD patient with a seizure or multiple seizures is similar to the non-ASD patient (Venkat et al., 2012).
- Expect the unexpected. Children with autism may ingest something non-edible (PICA tendencies) or get into something without their parents realizing it. Look for less obvious causality and inspect carefully for other injuries (Rzucidlo, 2005).
- Many individuals with autism have a poorly developed upper trunk area, which puts them at greater risk for positional asphyxiation. Steps should be taken to prevent that from happening, including frequent change of position and not keeping them face down. This is especially important when considering restraint (Rzucidlo, 2005).
- Common causes of agitation in this patient population include gastrointestinal ailments (e.g., constipation), sleep disorders (e.g., insomnia), dental pain, menstrual pain and occult trauma, including to the head, arms and eyes (corneal foreign bodies and abrasions). Careful historical and physical exam evaluation of these areas is critical to management of the agitated ASD patient (Venkat et al., 2012).

- Patients with ASD may be receiving alternative therapies, including gluten and casein free diets and chelation regimens, and may not have received routine immunizations due to caregiver belief in their benefit and harm, respectively. Respectful enquiry by emergency department personnel of this history may reveal the cause of acute illness in this patient population. For example, patients with ASD who are receiving specialized diets may be at risk for constipation as a cause of acute behavioral change. Similarly, patients who have not received routine immunizations may be at risk for uncommon infectious diseases (Venkat et al., 2012).
- Catatonia is a medical emergency that requires immediate diagnosis and management in the ASD patient. Up to 17% of ASD adolescents and adults can present with this condition that is defined by decreased speech or mobility, freezing during actions, posturing, staring, negativism or echophenomena—”shut down syndrome”. Initial evaluation includes a careful history and physical examination to rule out other possible diagnoses and the use of the lorazepam challenge test where 1mg of intravenous lorazepam is given to the patient with monitoring for symptomatic improvement. If there is no response, a second dose may be given. If catatonia is confirmed, inpatient hospitalization is required for further lorazepam treatment or electroconvulsive therapy (Venkat et al., 2012).

Not every person with autism will display all of the commonly defined behaviors all of the time or to the same degree. However, in times of increased anxiety, these behaviors will become more pronounced. Emergency situations increase the likelihood that the person with autism will be exposed to loud and unfamiliar sights, sounds, people, and events all leading to increased anxiety. It is important for emergency personnel to take the necessary steps to reduce anxiety and increase understanding so that emergency services can be carried out more efficiently and effectively.

There will be times where the protocol below is simply not feasible due to constraints of time and medical necessity. In those cases, pharmacologic and physical restraints may be necessary to effectively treat the patient. The use of benzodiazepines or ketamine is preferred due to their safety profile and rapid effect. In contrast, physical restraints may exacerbate ASD patient anxiety and result in agitation. If physical restraint is required, wrapping the individual tightly in a blanket is preferable to individual arm and leg restraints. Blankets have a softer texture and may provide both temperature and tactile stimuli that are pleasing in this patient population. Commonly used arm and leg restraints are likely to increase agitation by the nature of their materials and by separating the limbs from the body in a position not allowing the ASD patient to use gestures that are of comfort (e.g., hand flapping, rocking). Discussion with the caregiver can be critical to identifying a means of restraint that will be least disruptive to the patient and their care.

ACT for Autism

ACT (Assess, Communicate and Treat) provides a framework for response from healthcare providers. ACT takes a triangulated approach. The first is to “**assess** both the environment and best approach or communication mode to gain as much information as possible”, the second is to “**communicate** to gain history, examine and evaluate the individual” and finally,

ACT Assess, Communicate and Treat		
Assess the environment and best approach or communication mode to gain as much information as possible	Communicate to gain history, examine and evaluate the individual	Treat using care and consideration of the individual’s unique characteristics
Prepare a quiet examination room Minimize sensory stimuli such as clutter, loud equipment, bright or fluorescent lighting Minimize personnel to only the essential Determine the best way to approach or communicate with the individual Gain as much information as possible from both the patient and the caregiver	Approach the individual slowly and calmly keeping some distance between you and the patient Use the person's first name and assure that you are there to help Talk in a quiet and calm voice Try to establish a rapport no matter how urgent the situation Do not attempt to touch, grab or restrain without preparing the individual first, if possible Before examining, tell the individual what you are going to do or want him/her to do Ask simple "yes" or "no" questions Avoid questions or sentences that require complex responses Allow the person time to calm down and added time for them to process and respond	Consider sensory issues such as medication taste or smell, textures and temperature of treatment materials Show all materials prior to using them and let the patient touch them if possible Model the intervention on the caregiver Cover splints or bandages with non-threatening images for pediatric or adolescent patients with ASD

Following the ACT framework when responding to emergency situations may help the interaction have a more positive outcome.

Let’s examine why each of these points in our framework are important.

Assess

1. Prepare a quiet examination room.

The emergency department is by nature a very over-stimulating environment with an onslaught of sounds, smells, bright lighting, loud or rapid talking and is often overcrowded. An environment such as this may prove difficult for a person with an ASD to integrate and process this barrage of sensory stimuli increasing their level of anxiety. Triaging the patient in a quieter space is likely to be more effective.

Video reference:

Listen to the two mothers as they describe their child's experience.

2. Minimize sensory stimuli such as clutter, loud equipment, bright or fluorescent lighting.

A person with an ASD may find sights, sounds, and smells to be over-stimulating. The sensory stimuli tolerated by most people are often overpowering and may even be perceived as painful to the person with an ASD. The clutter of equipment may entice the person to grab or touch equipment or materials and could present a safety hazard.

Video reference:

Experience the view of the over stimulating environment and listen to the mother describe how her daughter responds to a cluttered examination room.

3. Minimize personnel to only the essential.

A person with an ASD has difficulty understanding what is going on around him or her when a new situation arises. He or she may have trouble reading social cues and knowing how to respond. Raised and loud voices can increase the level of anxiety in a person with an ASD. Rapid or excessive talking only adds to his or her confusion and raises the person's sense of panic. More than one person talking to him or her may add to the confusion and anxiety. It is best to establish a "one voice" approach.

In a typical emergency room there are multiple people surrounding the patient and talking with each other. This can be extremely over-stimulating.

4. Determine the best way to approach or communicate with the individual.

Language and communication difficulties are a signature characteristic of ASD. A person with an ASD not only has difficulty expressing him or herself but also may have trouble understanding what others are saying. A person with an ASD interprets language literally and struggles with language that is abstract, sayings that are figures of speech, and idioms or jokes.

The ability to use language varies among individuals. Some people with an ASD speak quite well, others are non-verbal and still others may echo or parrot what is said to them. Echolalic speech can include words or phrases they have heard and can be immediately repeated or delayed in repetition.

Some individuals use pictures, gestures, sign language, written words or a communication device to express themselves and to understand what is being asked or told to them.

Video reference:

Listen to the parents describe the communication impairments that their children experience and how that impacts the emergency department experience.

5. Gain as much information as possible from both the person with an ASD and the caregiver.

Language deficits and cognitive levels can inhibit the ability of the person to provide accurate and comprehensive information. It is important to ask the person with an ASD for the needed information; however, if the person is unable to articulate the information, a caregiver can provide more detailed information.

Video reference:

Listen as the parents describe why it is important to include the patient in the communication loop and how important the caregiver is in the communication process when gaining important information.

Communicate

6. Approach the individual slowly and calmly, keeping some distance between you and the patient. Use the person's first name and assure him or her that you are there to help.

The inability to understand the social world or read social cues may impair the ability of the person with an ASD to understand the intent of others. Quick or rapid movement towards the person with an ASD may cause the person to exhibit the fight or flight response. Therefore, a slow and calm approach is necessary.

If at all possible, use the person's first name and assure him or her that you are there to help. The person may not observe the social cues that indicate your intent to help. Simply stating this is often necessary.

Video reference:

A mother describes how she felt when the doctor attempted to hurry her son and rapidly asked him multiple questions resulting in a less than favorable outcome.

7. Talk in a quiet and calm voice.

Emergency situations often lead to a sense of urgency. An increased sense of urgency is often accompanied by raised voices with rapid speech. Because a person with an ASD may take longer to process or understand information, raised voices reflecting urgency increases anxiety and decreases the ability to process the information. A person with an ASD will often escalate when voices are raised or agitated.

Video reference:

The parents describe the importance of using a quiet and calm voice.

8. Try to establish a rapport no matter how urgent the situation.

When more than one person is giving directions, talking at the same time or to each other, this increases the likelihood that the person with an ASD will have difficulty processing the information. Taking a “one voice” approach and gaining the trust and understanding of the person can aid in decreasing anxiety and increasing compliance.

Video reference:

A mother and a young man with an ASD describe the difficulty when trying to understand and process information.

9. Do not attempt to touch, grab, or restrain the individual without preparing him or her first for what you are going to do or want him or her to do.

Both sensory issues and social skill deficits play a role in the response of a person with an ASD to touch, be held or restrained. Most people with an ASD do not like to be touched and find it unpleasant or painful. It is always best to allow the person to control the level of the touch. Preparing the person in advance for the need to touch, hold or restrain him/her is essential. Approaching him or her slowly and demonstrating what you are going to do helps the person with an ASD understand and gives a sense of control.

Video reference:

The doctor takes his time, allows the patient to process information and does not attempt to touch the young man without preparing him first.

10. Ask “yes or no” questions and avoid sentences or questions that require more complex responses.

People with an ASD often struggle with open-ended questions that have no one correct answer. “Wh” questions such as who, what, when, where, and why require more complex processing of the information and are often confusing. Using statements or questions that require a simple “yes” or “no” answer will make it easier for the person to respond. For example, “When did the pain start?” requires complex processing. The person may not understand if you want an exact date or time and/or circumstances surrounding the start of the pain. A better way to gain this information might be to use a series of “yes” or “no” statements or questions such as “Did you have the pain yesterday?”, “Did you have the pain before you ate breakfast?” or “Did you have the pain when you woke up?” Visual supports for communication such as a visual pain scale can also be useful.

Video reference:

The nurse asks simple direct questions and uses visual supports such as a pain scale.

11. Allow the person time to calm down and added time for them to process and respond.

Once escalated, a person with an ASD requires more time than most people to regain his or her composure and become calm. It is always best to take the necessary preliminary steps to avoid the person escalating in his or her behavior. In the event that the person has escalated, it is important to step back and allow the person time to calm. Excessive talking to the person once they are escalated does not help the person calm. It is best to back away and keep your composure.

Once calm, the person may still require added response time as they process the information.

Video reference:

A mother describes how her daughter's behavior escalated and the difficulty that this presented in the examination process.

Treat

12. Consider sensory issues such as medication taste or smell, textures and temperature of treatment materials.

A person with an ASD may find the taste or smell of medications offensive. Using the pediatric suspension of the medication may be helpful. The materials used to examine or treat the person may be cold or abrasive. If at all possible, warm the equipment and use less abrasive materials. For example, using a soft collar or parallel towel rolls versus a hard collar for cervical immobilization may be more acceptable to the person.

Video reference:

The nurse allowed the patient to touch the equipment that she was using. The patient was able to feel the texture and temperature of the equipment.

13. Show all materials prior to using them and let the person touch them if possible.

Equipment and materials encountered in the emergency department are often new to the person with an ASD. He or she may fear or believe that the use of such materials will be painful. It is important to explain or describe the material or equipment and let him or her touch it if possible. It is also important to be honest with the person and tell him or her if it is or is not going to hurt. If it is going to hurt, tell him or her about the level of discomfort. For example, "You will feel a pinch." "It will only pinch for a second."

Video reference:

The doctor takes his time, allows the patient to process information and does not attempt to touch the young man without preparing him first. He encourages him to touch the stethoscope before using it.

The x-ray technologists explain the equipment and assure the patient that it will not hurt.

14. Model the intervention on caregiver.

The language impairment of a person with an ASD makes it more difficult to understand what it is that he or she needs to do. People with autism are concrete, visual thinkers. Abstract or more complex sentences are often confusing. Keeping directions simple, one step at a time and using a visual (picture) or demonstration on a caregiver increases understanding and the likelihood that the person will comply.

Video reference:

The nurse models taking a blood pressure, temperature and pulse ox meter on the caregiver first.

15. Cover splints or bandages with non-threatening images for pediatric or adolescent persons with ASD.

Sometimes a person with an ASD will pick at or try to remove bandages. Covering the bandage with a non-threatening sticker or image may help to prevent the person from removing the bandage.

Summary

According to the Diagnostic and Statistical Manual of Mental Disorders, (2013), Autism Spectrum Disorder (ASD) is a neurodevelopmental disability. ASD is classified as a neurological disorder, which causes people with an ASD to interpret information differently than others. People with an ASD demonstrate significant social, communication and behavioral challenges. Because autism is a spectrum disorder, each individual is unique. No two individuals with autism are alike; however, all persons with autism exhibit difficulty with communication, sensory processing, and social and adaptive behavior skills with varying degrees from mild to severe. Each of these three defining characteristics are inter-related, and it is often very difficult to separate the effects of one or the other on how that person will react in any given situation. Therefore, persons with autism are especially susceptible to systems failure during emergency situations.

Everyone from the intake coordinator to the treating physician will influence the quality of the emergency department experience, making their skills critical to the successful and safe resolution of the medical situation.

Each person on a hospital staff is trained to use best practice protocols in the response to an emergency (Autism Speaks, n.d.). Understanding the relationship between an increased state of anxiety or stress and the characteristics of autism can enhance the successful delivery of service by emergency department personnel and avoid behavioral escalation or compromised care.

Evaluation Test

Multiple Choice ~ Circle the correct answer for each question

1. Autism is
 - A. A psychological disorder
 - B. A neurological disorder
 - C. A physical disorder

2. Autism is a spectrum disorder. This means that
 - A. No two individuals with autism are alike and therefore, each will display behaviors to varying degrees of severity
 - B. All persons with autism will respond in exactly the same way
 - C. The person has distinctive physical features

3. The areas of functioning impacted by autism are
 - A. Social and adaptive behavior skills
 - B. Sensory processing and emotional stability
 - C. Communication, sensory processing, and social and adaptive behavior skills

4. A person with autism can be identified by
 - A. Their physical appearance
 - B. Their behavioral characteristics
 - C. Their movement and facial characteristics

5. When a person with autism mimics your words or phrases or phrases from a movie or television, they are
 - A. Attempting to be rude
 - B. Exhibiting a pattern of speech called echolalia
 - C. Trying to avoid answering your questions

6. The language ability of a person with autism
 - A. Is verbal and able to talk
 - B. Is non-verbal with limited ability to talk
 - C. Can be verbal, non-verbal or echolalic

7. An individual appears very anxious and is repeatedly flapping his hands, rocking, and jumping. In his heightened state of anxiety, an attempt to stop this behavior may result in
 - A. The individual acting aggressively towards you
 - B. The individual quietly complying
 - C. The individual verbally expressing his fear

8. A person with autism may have trouble expressing his wants or needs. He may communicate by
 - A. Using words, gestures or signs
 - B. Using pictures, written words or communication devices
 - C. All of the above

9. When attempting to gain information from the person with autism, it is best to
 - A. Use simple statements or questions
 - B. Ask the questions used in the standard protocol
 - C. Repeat the same question until you receive the correct response

10. A patient has been admitted to the emergency department. You observe the individual screaming, hitting himself in the head, biting himself and showing no clear sign of where the injury may be. In assessing the child for injuries you must consider that
 - A. The child has a behavioral problem
 - B. The child may have an insensitivity to pain
 - C. The child needs to first be restrained

11. Poor upper body strength in ASD patients should lead emergency department personnel to
 - A. Frequently change the position of the patient when restraint is required
 - B. Place the patient in a prone position when restraint is required
 - C. Use a waist belt when restraint is required

12. Any attempt to grab or restrain the person with autism may escalate the person's fear and anxiety and most likely result in
- A. The person freezing and not moving
 - B. Compliance
 - C. Increased resistance or attempts to escape
13. Common causes of agitation and behavioral change in ASD patients include
- A. Non-accidental trauma
 - B. Side effects of alternative treatment regimens
 - C. The use of psychotropic medications in outpatient management of ASD
14. Because people with autism are concrete, visual thinkers, when administering emergency service to the person you should
- A. Give multiple directives to the individual
 - B. Keep directions simple and use a visual (picture) or demonstration
 - C. Assume they will not understand and proceed with the protocol
15. When considering the use of restraints in an ASD patient
- A. Standard protocols and equipment should be applied
 - B. Physical restraint using a blanket is the primary preferred option
 - C. Benzodiazepines and ketamine have been shown to be safe pharmacological options in this population
16. If a person with autism becomes non-responsive while you're assisting them
- A. He or she is daydreaming and not paying attention to directions
 - B. He or she may be having a seizure
 - C. He or she is paying attention to other events they are observing

17. When assessing the treatment environment for an ASD patient in the emergency department
- A. Minimizing fluorescent lighting and personnel interactions is important
 - B. Use a standard treatment room with a door to reduce external noise
 - C. Rapidly move the patient through the history and physical examination in the treatment area
18. Catatonia is
- A. An uncommon ailment in the ASD patient population
 - B. Diagnosed using the lorazepam challenge test
 - C. A condition that can be best treated in the outpatient setting
19. In providing treatment to ASD patients in the emergency department
- A. Pediatric formulations of medications can overcome taste aversion in this population
 - B. Stickers can be a useful visual distraction to avoid the removal of bandages and other medical equipment
 - C. All of the above
20. When approaching a person known to have autism that you are assisting
- A. Move slowly with a smile on your face and identify yourself as a person trying to help
 - B. Move slowly and touch the person's arm, assuring them you are there to help
 - C. Move slowly while asking questions you need to get necessary information

True or False ~ place a T or F on the line before each numeral

- _____ 21. Persons with autism often comprehend consequences of their actions; they have an understanding of causes and effects.
- _____ 22. The effects of restraint can be particularly harmful to persons with autism due to their poorly developed upper trunk area.
- _____ 23. People with autism will generally pay attention to the big picture and won't require a lot of direction and explanation.
- _____ 24. Asking an ASD patient "When did the pain start?" will likely respond in a clear answer.
- _____ 25. Blankets may be useful as a physical restraint device for ASD patients.

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