

Behavioral Coping Plans

Best Practice For Children With Special Needs In Healthcare

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Background

An interprofessional team formed to brainstorm creative strategies:

- To enhance the peri-operative experience of patients with Autism Spectrum Disorder at each phase of care to promote positive coping
- To improve patient and family satisfaction
- To develop a pathway to better prepare staff for the needs of children and teenagers with ASD

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Our Team

- Day Surgery Nurse Manager
- Marcus Autism Center Liaison
- Child Life Specialists
- Anesthesiologist
- Anesthesia Nurse Practitioner
- Communication Nurse
- Pre-Op Nurse
- OR Nurse
- Day Surgery Nurse
- Greeter
- PACU Assistant Nurse Manager

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Goals

- Create a positive environment for children and parents affected by ASD
- Educate staff and help them understand the best ways to interact with the child or teenager to promote a positive surgical experience and prevent regression
- Improve the overall comfort level, time management and confidence of the staff caring for the patient with Autism Spectrum Disorder

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Mission Statement

*Creating a plan to cope today
for a calmer tomorrow*

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Common Stressors & Barriers for Child

- NPO status
- Potentially long wait time
- Altered routine
- Multitude of sensory inputs
 - Vitals
 - Identification band
 - Hospital gown
 - Bright Lights
 - Sounds
- Fear of “the doctor”, needles, restraint, etc.
- Separation anxiety and stranger anxiety
- Negative prior medical experiences

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Potential Stressors for Parents

- Multiple caregivers- having to repeat information many times
- “The unknown”
 - Will staff be kind and patient?
 - Fear of judgement
 - How will my child react today?
 - What tests/procedures will my child have?
- Separation from child
- Fear of concerns not being heard

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Evidence Based Practice Project

COPING PLANS

TEAM
FORMED

LITERATURE
REVIEWED

TEMPLATE
CREATED

STAFF
EDUCATED

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PICO QUESTION

Title: In the surgical patient with ASD what are best practice healthcare provider strategies to decrease maladaptive behavior perioperatively

- P= For pediatric surgical patients with Autism Spectrum Disorder and Behavioral Disorders
- I= what are the best practice healthcare provider strategies/interventions
- C= versus current practice
- O= to decrease maladaptive behavior perioperatively

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Recommendations

The literature supports providing individualized coping plans for children with Autism Spectrum Disorder as best practice to decrease maladaptive behaviors perioperatively. Our recommendations to improve patient coping include:

1. Discuss with caregiver patient abilities, adaptations to routine, plan of care and the anticipated plan for patient.
2. Provide distraction items if needed day of surgery.
3. Provide education on Autism Spectrum Disorder and behavioral disorders for medical team.

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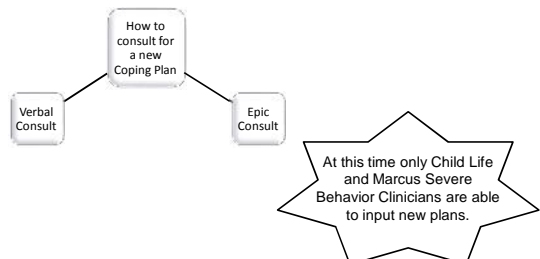
Use of Coping plans in the EMR

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Consult for Coping Plan



*Your Child Life Specialist can create a new coping plan for your patient.

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Best Practice Advisory

Ability to access from individual user's Patient Navigator Best Practice tab



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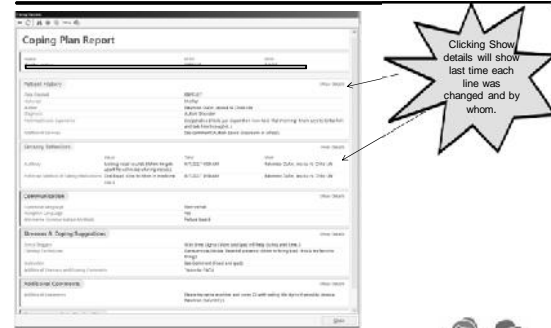


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Patient History		Show Details
Date Entered	07/16/17	
Procedure	None	
Author	McLean, Ashley B. CRNP, RN	
Department	Nurses, Inpatient/Outpatient Clinician	
Demographic Age	Yes (commented - 3 years old)	
Next Healthcare Experience	Uncooperative if fearful of hospital; not able to tolerate BP cuff	
Sensory Behaviors		Show Details
Visuals	--- (Runs and hides around staff)	
Tactile Behaviors	Self injury (grabs when fearful/hesitant); grabs hair or shirt	
Behavioral/Verbal Behaviors of Talking, Interactions	Does not like liquid (especially when drinking liquid meds in cup)	
Speech of Pain	None	
Additional Behavioral Comments	Give him a break space; if he becomes upset, do not restrain the child	
Communication		Show Details
Expressive Language	Verbal (2 or 3 words)	
Receptive Language	Yes (follows to tone of parent's voice)	
Additional Communication Comments	Communicates wants and needs; likes people	
Stressors & Coping Suggestions		Show Details
Stress Triggers	NPO Status; White Sound (does not tolerate CP cuff loud noise)	
Coping Techniques	Music (loud machine Gamma/note/bravo; Parental presence (PAC)	
Additional Stressors and Coping Comments	People who are friendly, smiling, tickles, hugs	
Additional Comments		Show Details
Additional Comments	It has difficulty with transitions and anxiety with medical settings. This will not ease situation or this but mother states that girl does well to good responses with involving. Demand quiet actual when coming in a time entrance (not make an entrance on the first floor and is there able to tolerate situation with given presence when eating medication. Mother does not want any injections as it makes pt more anxious.	
Request to update Coping Plan		
Request to update Coping Plan		

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Audit Trail



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Using the Coping Plan: Staff Considerations

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Day of Admission - Prior to the Procedure

- **Information staff look for in Coping Plan:**
 - Challenging behaviors that have occurred in the past related to medical procedures, remember caregivers know their child BEST.
 - Child's likes/dislikes, stressors and what calms them.
- **What staff can do:**
 - Caregivers may have created expectations for their child and it is important to attempt to provide support
 - Try to reduce aversive environmental stimuli and have preferred items available in the procedure room
- **Procedural preparation/ practice with Child Life**

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During the Procedure- Staff Considerations

- Reduce the number of staff in the room at one time, dim lights, reduce noise if possible.
- Review Coping Plan to determine which sensory stimuli may escalate negative behaviors.
- Build rapport with child and family.
- Consider "comfort positioning" and giving sequential information.
- Assign one person to give verbal instructions (one voice).
- Take it one step at a time.
- Provide high-preferred items throughout the appointment.

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During the Procedure- Staff Considerations: When Behaviors Escalate

- Behavior management requires you to change your behavior to change the child's behavior
- Be patient
- Take a good logical look at the situation
- Ask for help
- Focus on the positive



Case Studies

Rapport Building

Assessment

Adaption & Planning

Communication & Follow-up



Rapport Building



"Having a coping plan ahead of time was very beneficial for my daughter. It helped us to communicate our daughter's abilities and likes to the entire team before they even met her. This made the day go smoothly by helping the team to interact with her in a positive way from the moment we stepped in the door."-
Mother



Assessment



Adaptation & Planning



Patient History	Show Details
Date Created	2/26/17
Author	Michelle Arbery, RN, PhD, LPA
Copyright	Autism Education Society, Inc. 2016
Developmental Age	See assessment (0 - 3 years old)
View assessment questions	assessment questions are hidden from this assessment
Sensory Behaviors	Show Details
Verbalize	(See and assess verbal skills)
Feeding preferences	will eat only when told, otherwise gets that at OR
Preference for/avoid of (tactile, vestibular)	Child will not tolerate repetitive or touching touch needs to avoid
Current diet	none
Additional Behavior Comments	Child does not jump, if he becomes upset, do not react and he will cry
Communication	Show Details
Formal language	Verbal (2 or 3 words)
Receptive language	Yes (uses behavior of parent's intent)
Additional Communication Comments	Communicates needs and needs (like page)
Stressors & Coping Suggestions	Show Details
Current triggers	any tactile, visual stimuli, noise, new situations, full (hard) noises
Coping techniques	Child needs routine, sensory activities, knowledge (parental)
Additional Stressors and Coping Comments	people who are friends, smiling & slow, touch
Additional Comments	Show Details
Additional Comments	It has difficulty with transitions and anxiety with medical settings. We will use redirection or distraction to help when needed. Child will have extra staff present when needed. Child will have extra staff present when needed. Child will have extra staff present when needed. Child will have extra staff present when needed.
Request to update Coping Plan	
request to update coping plan	

Adaptation and Planning: When the Patient has Behavioral Concerns

Potential Barriers

- This plan is a multidisciplinary approach- the plan is only as good as the teamwork that follows it through
- Plans are created based on parent/caregiver report- sometimes having to dig deeper to get information
- Human behavior is often unpredictable
- If it is an emergency/trauma situation
- If caregiver is not present

Outcomes

- Improved patient and family satisfaction
- Increased time management, comfort level and staff knowledge in caring for these patients
- Increased interdisciplinary collaboration
- Decreased use of restraint and Security involvement
- No patient regression reported in randomized sample
- Journal of Pediatric Nursing and Worldviews
- Presented at local, regional, and national conferences
- Awarded grant from Holly Lane Foundation to grow the program and purchase specialized toys

Parent/Caregiver Feedback: Communication and Follow Up

- Parent Survey given prior to Patient Discharge
 - 59 surveys completed
- I think this coping plan would be helpful to guide healthcare providers here at Children's and in the community:
 - 100% yes
- I think the use of this coping plan today successfully addressed my child's special needs:
 - 99% Yes 1% No

Resources- Holly Lane Foundation

- Vecta sensory machine
- Social story program
- Fidget toys
- Spinning/light up toys
- Weighted blanket
- Vibrating pillows
- iPads






Parent Feedback

- “[My child] was very calm this visit. Before going to surgery, he was allowed to play his iPad and take it with him [to the OR]. This was the first time he went by himself to the doors of the room and he did not scream for me. It was a good transition and everyone worked as a team to make sure he was not only physically taken care of, but also mentally [and] emotionally. I didn’t have to keep repeating things like he has Autism and he is deaf. This was a pleasant experience after 6 years!” - Mother

Acknowledgements

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