



Healthcare4ASD



Update of FP health professionals to work with people with ASD

Project No. 2021-1-FR01-KA220-VET-000025274



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This toolkit was developed within the framework of the Healthcare4ASD project, which aims to provide healthcare professionals, such as nursing and midwifery professionals, seeking to improve the knowledge and skills to effectively manage patients with ASD. With new, innovative and accessible learning opportunities.



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1.1. Characteristics and causes of ASD- Knowledge assessment questionnaire

Unit 2. Diagnosis and needs of people with ASD

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Module 1: What is ASD?

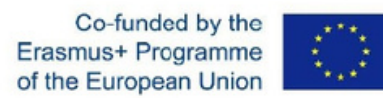
Unit 1. Characteristics and causes of ASD

1.1. *Characteristics and causes of ASD- Knowledge assessment questionnaire*

Unit 2. Diagnosis and needs of people with ASD

2.1. *Case studies and scenario-based exercises*

1.1. Characteristics and causes of ASD- Knowledge assessment questionnaire



HC4ASD - PR2

M1 – U1: Features and causes of ASD

Knowledge assessment quiz

Produced by Afeji, France

How much do you know about ASD? Challenge yourself with this quiz!

1) What is the correct terminology?

- a. Autism
- b. Autism spectrum disorder (ASD)
- c. Pervasive developmental disorder (PDD)
- d. The three are correct

Correct answer: answer b.

Explanation: Until recently, the name of Pervasive Developmental Disorders (PDD) was used. For several years now, there has been a tendency to consider the different categories of PDDs as mere variants of the same pathology, with the idea of a continuum of the same disorder: we talk now of the "Autism Spectrum Disorder" (ASD). This conception was officialized in 2013 by the DSM-5 and accounts for the breadth and heterogeneity of the disorders. Both names, PDD and ASD, describe the same clinical entity.

2) What are the official characteristics of ASD?

- a. Difficulties in interaction and social communication
- b. Restricted interests and repetitive behaviors
- c. Intellectual disability
- d. The three of the above

Correct answer: answers a and c.

Explanation: These are the official characteristics of ASD, according to the two international classifications: ICD-11 and DSM-5. Both characteristics have to be present to diagnose ASD. For instance, someone with difficulties in interaction and social communication but without restricted interests and repetitive behaviors might have a social communication disorder, but not ASD. The classifications also point to the importance of examining unusual sensory sensitivities, which is common among people on the autism spectrum. Finally, intellectual disability is not a characteristic of ASD. ASD can come with or without intellectual disability.

3) How many children are diagnosed with ASD in the EU?

- a. One in 280
- b. One in 144
- c. One in 89
- d. One in 50

Correct answer: answer c.

Explanation: Over the past 20 years, the number of reported cases of autism has increased by 200%. This increase is due in part to: increased awareness of autism among health care professionals, parents, and the general population; changes in the diagnostic criteria for autism; earlier diagnosis of autism; and demographic and geographic variables. Boys are four times more likely to be diagnosed with autism than girls: 1 in 27 boys is identified with autism VS 1 in 116 girls. ASD is reported to occur in all racial, ethnic, and socioeconomic groups.

4) What is the cause of ASD?

- a. The mutation of a gene which alters the functioning of the brain
- b. Mothers don't take care enough of their child
- c. Vaccines, especially measles, mumps and rubella vaccines
- d. We don't know / there can be different factors

Correct answer: answer d.

Explanation: There are probably many factors that make a child more likely to have autism. However, in the vast majority of cases, genetics are involved. ASD often comes from the mutation of a gene. This mutation alters the typical functioning of the social brain: this explains the lack of social intuition of the person with ASD. As to what causes this genetic mutation, there is no evidence so far. Answer b and c are completely false, it was proven by scientific research.



2.1. Case studies and scenario-based exercises

2.1. Case study exercise

Identifying different portraits of people with ASD



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INTERACTIONS

Erik seems little interested in others. He doesn't display much attention to them: he has little friends at school. He avoids eye physical contact and little expressions, shows no social

PROFILE

Erik is a young boy of 6 years old. He lives in his house with his parents, but daily life is complicated.

COMMUNICATION

He almost never talks. He never engages conversation with peers in the playground and plays with his toys on his own. At home, he does not answer to his parents when they talk to him, except if he needs something from them.

BEHAVIOR


At home, he keeps playing obsessed with lining them up. He also likes to touch kitchen appliances, for no apparent reason. He seems fascinated by their movement.

SENSITIVITY

He seems indifferent to pain, which worries his parents because he keeps banging his head against the wall and scratching his skin. They are afraid he will hurt himself.

HABITS

His parents know that he does not tolerate change to his daily routine, so they adapted his lifestyle. Every day, he follows the same schedule. He goes to bed and wakes up at the same hour every day, which helps with his sleeping problems. Erik always eats the same planned meals. His parents avoid to prepare crispy food, because he does not tolerate the texture of it and because it gives him diarrhea. Indeed, Erik suffers from gastrointestinal disorders.



In your opinion, does Erik have ASD?
Why?

Discuss it with fellows.

Let's look at it more closely. Fill in the tabs with your fellows.

**Typical traits of
ASD**

**Comorbidity often
associated with
ASD**

**Suspicion of ASD? If
so, what type?**

PROFILE

John is a grown up man of 43 years old. He is employed in a manufacturing company.

COMMUNICATION

He does not understand the codes of conversation. First, he does not get the principle of taking turns when speaking. Second, he does not adapt his tone and language to the person he is talking to: he speaks the same way to children and adults, whether he is at a birthday party or at work.

Third, he struggles understanding the meaning behind words: jokes, sarcasm or figurative expressions are a mystery to him.

Finally, he does not understand non-verbal cues: for example, that if the person is looking around while he is talking, it may mean that they are bored.

INTERACTIONS

John's job is him because he is not used to have to talk a lot with people. Social interactions make John uneasy: he doesn't like them, and he never knows how to react properly which makes him anxious. He struggles with rituals like greeting, saying 'hello', making eye contact, shaking hands...



IMPAIRMENTS

For all these developed reasons, John has an anxiety disorder. He is also diagnosed with ADHD (attention deficit hyperactivity disorder). He suffers from harassment in his social life.



In your opinion, does John have ASD? Why?

Discuss it with fellows.

Let's look at it more closely. Fill in the tabs with your fellows.

Typical traits of ASD

Comorbidity often associated with ASD

Suspicion of ASD? If so, what type?

PROFILE

Jessica is a independent woman of 35 years old. She works as a software engineer.

SKILLS

She is extremely good at her work and smart. Since early childhood, she has always been among the best students.



INTERACTIONS

However, her more complicated is struggles to make friends: she is shy and fails to carry on a back-and-forth conversation. She may adopt an awkward behavior, especially because she struggles to adapt her behavior to the context.

PAIN

Jessica is very attached to her daily routine. One of her colleagues jokes about it as she notes that Jessica always take the same route to go to work.

Once she dives into work, she hates to be disturbed. If a colleague interrupts her or an unexcepted event occurs in her day, she will be troubled and will have trouble to sleep at night.

IMPAIRMENTS

Because of her need for rigidity, Jessica is a anxious person.



In your opinion, does Jessica have ASD?
Why?

Discuss it with fellows.

Let's look at it more closely. Fill in the tabs with your fellows.

Typical traits of ASD

Comorbidity often associated with ASD

Suspicion of ASD? If so, what type?

CORRECTION



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1: ERIK

Typical traits of ASD

Deficits in social communication and interaction (all 3):

- Deficits in social-emotional reciprocity:
 - Reduced sharing of interests, emotions, or affect
 - Failure to initiate or respond to social interactions.
- Deficits in nonverbal communicative behaviors used for social interaction:
 - Poorly integrated verbal and nonverbal communication
 - Abnormalities in eye contact and body language, deficits in understanding and use of gestures
 - Total lack of facial expressions and nonverbal communication
- Deficits in developing, maintaining, and understand relationships
 - Difficulties in sharing imaginative play or in making friends, absence of interest in peers

Restricted and repetitive behavior (at least 2 of 4):

- Stereotyped or repetitive motor movements, use of objects, or speech:
 - Lining up toys
- Insistence on sameness, inflexible adherence to routines:
 - Extreme distress at small changes, need to eat same food every day.
- Highly restricted, fixated interests that are abnormal in intensity or focus
 - Strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests.
- Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment
 - Apparent indifference to pain,
 - Adverse response to specific sounds or textures (crispy food)
 - Visual fascination with lights or movement (kitchen appliances)

Comorbidity often associated with ASD

Language development disorder
Sleeping issues
Gastrointestinal disorders
Self-injurious behavior (head banging, skin scratching)

Suspicion of ASD? If so, what type?

Type 3 (high support needs), which comes with intellectual disability, learning disability and communication impairments.

2:
JOHN

Typical traits of ASD

Deficits in social communication and interaction (all 3):

- Deficits in social-emotional reciprocity:
 - Difficulties in social communication (smiling and saying 'hello', making eye contact)
- Deficits in nonverbal communicative behaviors used for social interaction
 - Understanding and using verbal and non-verbal cues (knowing that if a person is looking around while you're talking, the person might be bored)
 - Understanding the meaning behind words
 - Understanding that tone and context make words mean different things (sarcasm, expressions...)
- Deficits in developing, maintaining, and understand relationships
 - Following social 'rules' (holding out your hand to shake hands, or taking turns during a conversation)
 - Communicating in different ways with different people (speaking differently to children and adults, at work or at a birthday party)
 - Feeling anxious in social situations

Restricted and repetitive behavior (at least 2 of 4): none

Comorbidity often associated with ASD

ADHD
Anxiety disorder
Faces harassment.

Suspicion of ASD? If so, what type?

The disturbances observed are explained by a social communication disorder. John does not have ASD.

3:
JESSICA

Typical traits of ASD

Deficits in social communication and interaction (all 3):

- Deficits in social-emotional reciprocity:
 - Awkward social approach
 - Failure of normal back-and-forth conversation
- Deficits in nonverbal communicative behaviors used for social interaction
 - Avoids eye contact
 - Deficits in understanding and use of gestures
- Deficits in developing, maintaining, and understand relationships
 - Difficulties adjusting behavior to suit various social contexts

Restricted and repetitive behavior (at least 2 of 4):

- Insistence on sameness, inflexible adherence to routines:
 - Difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route every day.
- Highly restricted, fixated interests that are abnormal in intensity or focus
 - Strong attachment to the specific field of her work

Comorbidity often associated with ASD

Sleeping issues
Anxiety disorder

Suspicion of ASD? If so, what type?

Type 1 (low support needs) - Asperger's syndrome. She has normal cognitive and communicative development, strong verbal skills. She shows no intellectual impairment but social impairments.

End of exercise



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Module II. Communication with people with ASD

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2.2. Basic Information Simulation

1.2. Social and communicative characteristics of people with ASD- Questionnaire



SOCIAL AND COMMUNICATION CHARACTERISTICS OF PEOPLE WITH ASD

MCQ (multiple answers might be correct):

PS (IMPORTANT): This quiz is prepared based on the **common characteristics** ASD people have. This does not mean that all of them should necessarily have the same communication barriers.

1. Why does an unexpected doctor appointment frustrate an ASD person?
 - a) Because he/she likes to always stay home.
 - b) Because this appointment breaks his/her daily routine.
 - c) Because he/she does not know what a "doctor" means.
 - d) Because no one has psychologically prepared him/her for this appointment (e.g. showing her pictures of people he/she will meet).
 - e) Because he/she does not know what exactly will happen at this appointment.

Correct answers: b, d and e

2. An ASD patient might experience significant distress during the doctor appointment because:
 - a) The doctor is not paying attention to a specific sensitivity they have (sight, sound, touch, smell, taste or, proprioception/movement and vestibular).
 - b) There has been noise in the surrounding environment.
 - c) The doctor/ nurse is not paying considering his/her extreme sensitivity towards physical pain.
 - d) All of the above.
 - e) None of the above.

Correct answer: d.

3. An ASD patient might not follow/understand what a healthcare professional is saying when:
 - a) The professional speaks slowly.
 - b) The professional uses long indirect sentences.
 - c) There is someone else speaking at the same time with the professional.
 - d) The professional keeps knocking on the table.
 - e) There are a lot of people in the room.

Correct answers: b, c, d and e.

4. An ASD person usually can:
 - a) Understand or interpret an unspoken language/ non-verbal communication.
 - b) Use expressive language in a concise manner.
 - c) Answer to complex questions.
 - d) Understand unspoken social rules.
 - e) None of the above.

Correct answer: e.



2.1. Optimal ways to communicate with people with ASD: Role-playing games



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2.2. Optimal ways to communicate with people with ASD

Role playing

The purpose is to give participants a practical understanding of :

- Social and Communication characteristics of people with ASD and,
- Optimal ways to communicate with people with ASD.

Participants should be divided into 2 groups for this role playing exercise :

- Group 1 : this group is supposed to take the position of ASD patients. Thus, participants of this group should have a deep understanding of the characteristics of autistic people. They should also keep in mind that not all autistic people share the same characteristics.
- Group 2 : this group is supposed to take the position of healthcare professionals. Thus participants of this group should be able to identify a list of ASD characteristics they observed while diagnosing group 1 (i.e. the characteristics that made them verify that this patient is autistic). Then, they should define a communication method they can use to treat this autistic patient.

Then, to start the role playing exercise, the trainer should divide participants into binomial groups where each one of group 1 will be assigned to a healthcare professional from group 2.

More concretely, the role playing exercise should follow the following steps :


1. The trainer should randomly assign each autistic patient (from group 1) to a healthcare professional (from group 2). Each binomial group should not have time to prepare for the role playing together.
2. The trainer will give enough time to participants to individually prepare the role playing exercise (based on the specialization of the healthcare professional from group 2).
3. Each group will have to perform the role playing in front of the rest of the group.
4. After the performance :
 - a. Participants from group 2 should identify the list of autistic characteristics he/she noticed while doing his diagnosis/ treatment.
 - b. Participants from group 1 should try to guess and identify the communication method used by his healthcare professional from group 2.
5. Finally, there should be an open discussion with the rest of the participants where they can draw the attention of their colleagues on points they might have missed during the role playing.

Examples of social stories and comic strip conversations that could be used by the « healthcare professionals' team » :


Participants from group 2 can create their own social stories/ comic strip conversations, use ready ones available on the internet or, use the examples (tools) we will provide them.



2.2. Basic Information Simulation



Simulación:
Eres un profesional de la educación y
tienes que informar a los padres de un niño con
ASD sobre las características de sus hijos



Roles

- Educational professional
- Mother
- Father



Instructions

- Play the role following the information.
- Base your performance in improvisation.



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End of Exercise



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Module III. Daily care practice for people with ASD - From the first to the last consultation

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1.1. Healthcare Best Practices for Individuals with ASD: Knowledge Assessment Quiz



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M3 – U1: Healthcare best practices for individuals with ASD

Knowledge assessment quiz

Produced by KMOP – EDU HUB, Greece

How much do you know about healthcare best practices for individuals with ASD? Challenge yourself with this quiz!

1) **What are the barriers that healthcare professionals might face in their interaction with persons with ASD?**

- a. Reluctance of providers to work with adults with ASD
- b. Myths and preconceptions around ASD
- c. Limited education and training of healthcare professionals
- d. The three are correct

Correct answer: answer d.

2) **Which of the below strategies cannot be best practices of healthcare professionals when working with individuals with ASD?**

- a. Use of simple, concrete and specific language: Avoiding idiomatic phrases
- b. Familiarization with the nature and the characteristics of ASD
- c. Putting the individuals in room with many people
- d. The three of the above

Correct answer: answers a and b.

3) **How can a healthcare professional help the family of a person with ASD?**

- a. Propose scheduling the individual's doctor's or hospital's visit a few weeks or months ahead of time
- b. Suggest the use of social stories
- c. Talk to them directly at the first visit
- d. Advise them to bring a comfort item as a distraction

Correct answer: answers a., b., d.

4) **What can I do if I am a healthcare professional and work with persons with ASD?**

- a. Cooperate with the families of the persons
- b. Respect individuality and differences
- c. Educate myself and review existing practices
- d. All the above

Correct answer: answer d.

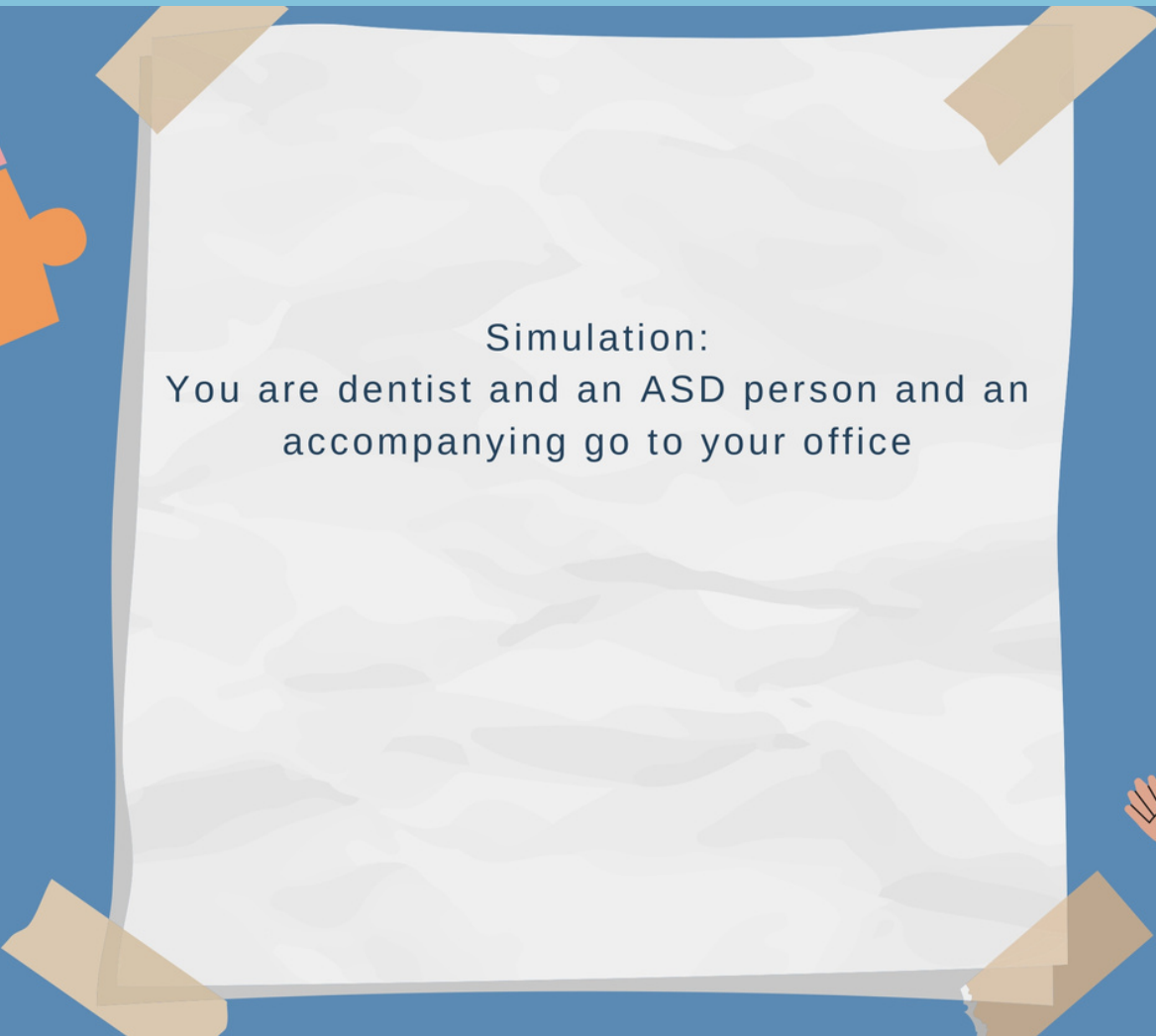



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2.1. Simulation of dental visits



Simulation:
You are dentist and an ASD person and an accompanying go to your office



Roles

- Educational professional
- Mother
- Father



Instructions

- Play the role following the information.
- Base your performance in improvisation.



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End of Exercise




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2.2. Antonis case study at the ophthalmologist



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Antonis is a 10-year-old boy diagnosed with ASD at the age of 1,5 years old. He is living with his mother in a suburb of Athens, Greece. He is a semi-verbal autistic child and he experiences discomfort when changes in his regular daily program occur. For the last two months, he has expressed - using a visualized communication tool- his difficulty in recognizing distant objects. His mother assumes that Antonis has myopia, but every attempt to convince him to visit an ophthalmologist has failed. However, Antonis keeps complaining about his vision difficulties and his mother feels desperate. She finally calls the ophthalmologist and informs him about the condition.

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Imagine you are the doctor receiving that call. What would you suggest to this mother in order to make the visit happen?

Solution 1

Propose scheduling Antonis' ophthalmologist's visit two or three weeks ahead of time.

Solution 2

Suggest the use of a visually supported calendar that demonstrates activities including the ophthalmologist's visit.

Solution 3

.....

.....

.....

.....

Solution 4

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Once Antonis is convinced to visit you, his mother contacts you again, asking you if it possible to prepare a sensory-friendly environment, suitable for him. What changes would you make in your office?

Change 1

You close window's curtains, limiting room's light.

Change 2

You schedule Antonis as the first appointment, minimizing waiting time.

Change 3

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Change 4

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.....

Antonis and his mother finally managed to arrive at your office. Antonis enters reluctantly the exam room but he seems overwhelmed and anxious. Which are your next moves?

STEP 1

You use a simple and concrete language to explain to him the exam procedure.

STEP 2

You encourage him to see and touch instruments before using them.

STEP 3

.....

.....

.....

.....

STEP 4

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2.3. Social history of visiting the doctor



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My visit to the doctor

Sometimes I might need to go to the doctor to check if my body works well.



Hello!
What is your name?



I will first go to the front desk to check-in so that the doctor knows I am waiting for him/her.

Then, I will go to the waiting room where I can read a book or play while waiting for the doctor or the nurse.



It's your turn. Please come in.



When it is my turn, the doctor or the nurse will come to call my name and ask me to enter another room.



The doctor will ask me some questions to know if something bothers me or if I am sick.

How do you feel?
Is something bothering you?



Next, the doctor will ask me to sit on an exam table. He/ she might also take off any of my cloths. He/ she will then touch my body to check it. It will not hurt.



The doctor or the nurse might need to give me a shot. It might pinch but it will be over quickly.

Take a few deep breaths

The doctor will use a tool to check my pulse and listen to my heart



The doctor might need to use other tools to check my body. Before using any tool, he/ she will tell me how long it will take and if it will hurt or not.

Goodbye!



After I finish, I will say goodbye to the doctor and check out at the desk.

2.4. Social history of the surgery visit



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MY SURGERY

I am going to the hospital to have surgery today



I can take my favorite toy with me



There are a lot of people in the hospital. It is noisy. This is ok. I can say "Hi" to the doctors walking by



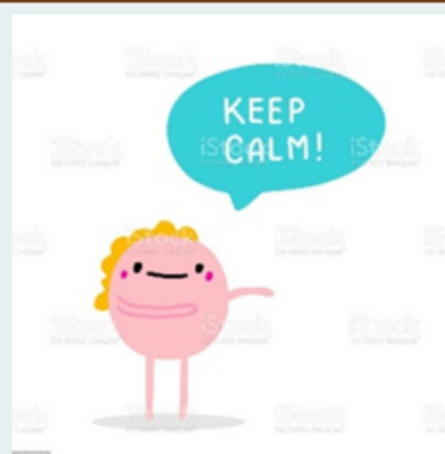
We will go to the check-in desk. We might have to wait



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I need to remain calm and patient. I can play with my toy while we wait

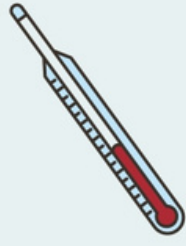


A nurse will come. We will go to a different room. My mom and my toy are with me



The nurse may put a bracelet in my arm. It might feel itchy





The nurse will check my temperature. Some kids say that thermometer tickles



Sometimes the nurse needs to give me medicine. I swallow it



I might get an IV. An IV feels like a pinch



I hold still... 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. I can hold my toy and mom's hand



Next, I will go to the "getting ready room." I will meet a lot of people while I am in this room and they will help me get ready for my surgery. They are all very nice



Then, I will change into hospital pajamas and socks. The PJs look like a long shirt that opens in the back. It is funny



It's okay to feel scared when I am at the hospital. If I am feeling nervous or have questions, I can talk to my nurse





Next, I will meet the sleep doctor, who will give me my sleep medicine so I will not feel anything during my surgery



It is normal to feel nervous or worried about surgery. I might need to take some medicine to help me relax. I might drink the medicine through a cup or syringe



I will say "see you soon!" to my family and I will ride in the bed to the surgery room. My doctors and nurses will take good care of me. I will see my mom when I wake up



In the surgery room, I will lie on a new bed. I will see the doctors and nurses that I met earlier in the getting ready room. They will be wearing masks, hats and gloves to help keep me safe from germs



The sleep doctor will put a special mask on right over my nose and mouth and I will fall asleep for a while. It won't hurt



When my surgery is all done, the doctor will help me slowly wake up. When I wake up, I will be in a special room called the wake-up room

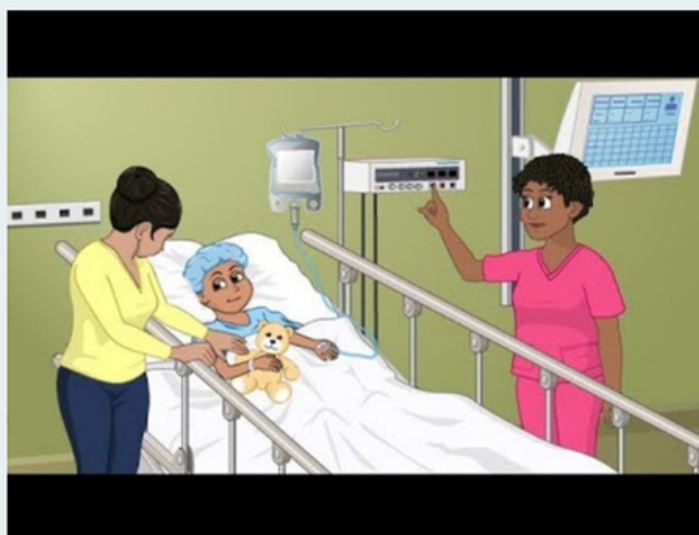


When I wake up, I may have an IV in my arm or hand. It is ok. The nurse will take it off when it is time to go home





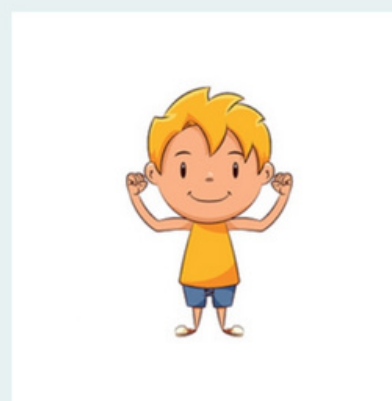
In the wake up room I can see my mom again and watch TV



If I have to stay in the hospital overnight, I will go to my hospital room. My mom and my toy stay with me



When my doctors say it is okay, I can go home! Everyone is proud of me for being brave and strong



"Goodbye Nurses and Doctors"



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2.5. Social history - visit to the otorhinolaryngologist



MY TRIP TO THE EAR DOCTOR



I am going
to see the
ear doctor

I can bring
my favorite
toy with me



There will be chairs in the
waiting room I can sit on



We will check in to let the
doctor know we're here



I can play
with my
toy in the
waiting
room



The doctor will
call my name
when it's my
turn

We will go into the exam room



The doctor
is nice and
has toys in
the room



**My parents can stay with me in the
exam room**



**I can touch
the
machine, if
I want to**



**The doctor will look in my ear.
it won't hurt**



**It might
feel cold
and tickle
my ears a
little**

Next we will go into a special room with a window so the doctor can test my ears



I will sit down at the table and get soap to clean my hands



The doctor will help me put the headphones on to test my ears



The headphones will be tight on my head but it won't hurt



Next I will
try tiny
earphones.
I can touch
them

The doctor
will put one
in each of
my ears



I will look like
a bug with the
tiny
earphones in
my ear. It is
funny



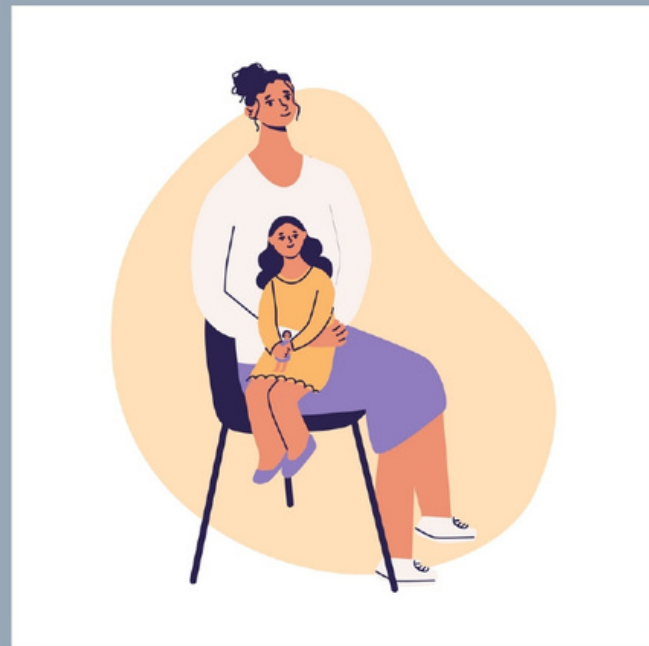
The doctor will
sit outside the
window and
look at me. He
will ask me
some questions

We will have to close the door and turn off the lights for a few seconds to check my ears



Then I can take a break and walk to another room

I can sit on mom or dad's lap while the doctor gets the tools ready



I can touch the tools to see that they don't hurt



Now it's time to look in my ears. It might feel cold and tickle a little



It makes the doctor happy when I am a good listener

The exam is over and everyone will be proud of me for being brave at the ear doctor



I might get a sticker or a treat when we are all done

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