**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
### 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

### Evidence Based Practice Project

**COPING PLANS**

- TEAM FORMED
- LITERATURE REVIEWED
- TEMPLATE CREATED
- STAFF EDUCATED

### 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

### 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, adoptions to routine, plan of care and the anticipated plan for patient.
2. Provide distraction items if needed day of surgery.

### Use of Coping plans in the EMR

Consult for Coping Plan

At this time only Child Life and Marcus Severe Behavior Clinicians are able to input new plans.

*Your Child Life Specialist can create a new coping plan for your patient.*
Using the Coping Plan: Staff Considerations

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

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.
**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**

“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**
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

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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