



Improved Care for Children with Autism Spectrum Disorder: The Impact of Collaborative Partnerships

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INTRODUCTION

Non-verbal children with autism spectrum disorders (ASD) present unique challenges to the clinical team. Self-injurious behavior (SIB) is a major treatment focus for children with ASD. 50% of children with ASD engage in SIB (Minshawi et al., 2014). SIB can result in over-medication, tissue damage, serious injuries as well as limit social and educational progress. Health problems, which may contribute to SIB, can be missed due to the inability to self-report. The first sign of physical illness may be behavioral changes. This case example highlights how advanced practice nurses, in collaboration with behavior analysts, can inform clinical decision making, diagnostic accuracy, symptoms assessment, and ultimately improve access to effective treatment while reducing pain and suffering. Applied behavior analysis (ABA) provides objective data of behavioral indicators which may be associated with pain and discomfort. The use of ABA in collaboration with Doctoral prepared nurses in treating individuals with impaired communication can improve care.

METHOD

13 year-old non-verbal male with ASD and severe self-injurious behavior living in residential treatment facility

Collaboration using evidenced based practice: ABA

- Behavioral data used to inform clinical decision making
- Identify associated illnesses: constipation and ear infections
- Clarify medical diagnoses and its impact on behavior
- Prioritize treatment goals
- Functions of behavior provide clues to appropriate treatment

Dependent Variables and Data Analysis

Non-verbal pain communication

- Inability to self-report prevents symptom recognition and timely diagnosis
- SIB associated with underlying medical co-morbidities
- SIB targeted to face and head
- Bowel tracking using Bristol scale (Heaton & Lewis, 1997)

Procedures

Behavior Analysis can assist in identifying medical issues predicting SIB

- Collect data based on behavior targets
- Indicate illness and treatments graphically
- Identify patterns of behavior associated with illness/treatments
- Correlate bowel data

Behavioral function can be a clue to indicate possible biological cause

- Functional analysis can identify what function the behavior achieves
- Automatic function may indicate biological cause

Increased Communication Across Disciplines

- Frequent discussions regarding behavioral and medical indicators may improve treatment and diagnosis of medical factors affecting behaviors.

Observational Design

Medical and Behavioral Observations

- SIB as an indicator of underlying constipation
- Medical observations included Bristol data and X ray findings along with physical exam
- Flat Plate identified severe constipation, encopresis by history
- Constipation was defined using Bristol scale, treated with variety of medications
- Behavioral observations identified SIB with automatic function
- Treatment of constipation with regular enemas reduced SIB
- Enemas given regularly decreased SIB
- As enema usage decreased, SIB increased

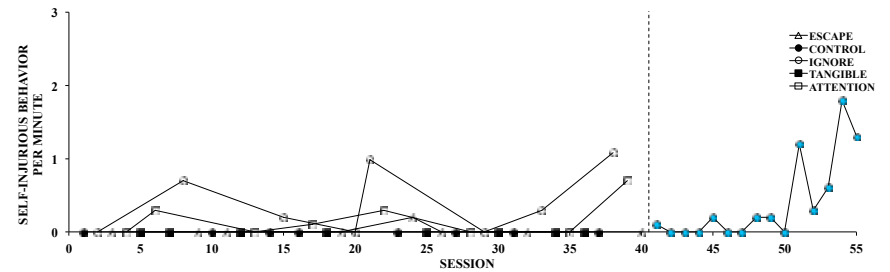


Figure 1 displays Functional Analysis data of SIB, indicating a likely automatic function

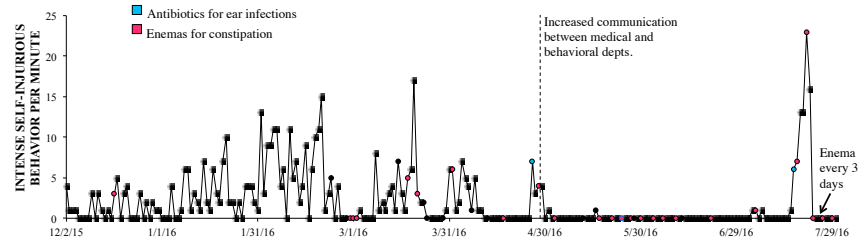


Figure 2 displays rate of self-injurious behavior and medical interventions

DISCUSSION

- Collaboration between APN and BCBA
- Improved quality of healthcare, decreased rates of dangerous behavior, increased overall quality of life
- Reduced SIB, fewer injuries, student can attend school, less physical holds
- ABA can be used for many different clinical situations
- ABA informs clinical decision making, provides data needed for medication management and symptom assessment
- Expedites access to effective treatment

REFERENCES

- Heaton, K.W. & Lewis, S.J. (1997). Stool form scale and useful guide to intestinal transit time. *Scandinavian Journal of Gastrointestinal Enterology*, 32, 920-924.
- Minshawi, N.F., Hurwitz, S., Fodstad, J.C., Biebl, S., Morriss, D.H., & McDougle, C.J. (2014). The association between self-injurious behaviors and autism spectrum disorders. *Psychology Research and Behavior Management*, 7, 125-136.