

Translating Research to Practice for Children With Autism Spectrum Disorder: Part 2: Behavior Management in Home and Health Care Settings

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Conflicts of interest: None to report.

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0891-5245/\$36.00

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Published online October 30, 2015.

<http://dx.doi.org/10.1016/j.pedhc.2015.09.009>

ABSTRACT

Introduction: Managing home and health care for children with autism spectrum disorder can be challenging because of the range of symptoms and behaviors exhibited.

Method: This article presents an overview of the emerging science related to the methods to foster family self-management of common concerns regarding activities of daily living and behaviors, as well as for the health care provider in primary and acute health care settings.

Results: Recommendations are provided to enhance the overall delivery of services, including understanding and managing a child's challenging behaviors, and supporting family management of common activities of daily living and behaviors.

Discussion: Health care providers' knowledge of evidence-based recommendations for providing care, supporting family self-management of common concerns, and referral heighten the likelihood of better outcomes for children with autism spectrum disorder. *J Pediatr Health Care.* (2016) 30, 27-37.

KEY WORDS

Autism spectrum disorder, autism, management, home, health care

Behavior issues are a significant problem for children with autism spectrum disorder (ASD). Social and communication impairments, anxiety, and fear can

lead to challenging behaviors in the health care setting and can be further complicated by mental health comorbidities (Mayes et al., 2012). Children with ASD have more contact with the health care environment than typically developing children, including children with chronic health conditions (Wu, Kung, Li, & Tsai, 2015). Health care expenditures have been found to be up to nine times greater for a child with ASD because of increased comorbidities, increased use of medications, challenging child behaviors, and the behavioral complexity of providing care to this population (Gurney, McPheeters, & Davis, 2006; Liptak, Stuart, & Auinger, 2006; Mandell, Cao, Ittenbach, & Pinto-Martin, 2006; Tregnago & Cheak-Zamora, 2012; Wu et al., 2015). Parents and health care providers (HCPs), including nurses and nurse practitioners (NPs), have both expressed concerns related to ineffective management of challenging behaviors in the health care setting for children with ASD (Minnes & Steiner, 2009; Rhoades, Scarpa, & Salley, 2007; Weil & Inglehart, 2010).

This review article provides an overview of the current evidence available to support HCPs. In addition, anticipatory guidance for behavior management for families of children with ASD in the home, as well as in primary and acute health care settings, is presented.

MANAGEMENT IN THE HOME

Family self-management includes efforts that family members make to incorporate chronic condition management into everyday life (Grey, Schulman-Green, Knafl, & Reynolds, 2015). Family self-management is paramount to ensuring the best possible outcomes. Frequently, HCPs are asked to provide answers to general parenting questions ranging from common discipline techniques to self-help skills for children with ASD. Providing discipline and teaching self-help skills can be challenging for all parents but is more complex for the child with ASD because of developmental delays, insistence of routine, and difficulty with communication. Although children with ASD may be receiving school-based services and therapies, few outside supports exist specifically for parents who need help with challenging behaviors and concerns at home (McMillin, Bultas, Wilmott, Grafeman, & Zand, 2015). The Autism Speaks Web site (www.autismspeaks.org) provides many useful resources for parents at no cost. Parenting programs have been developed so families can better manage challenging behaviors. Several of these programs are described in this article.

Shaping Desired Behavior in General

Many evidence-based positive parenting programs based on social learning theory are available and can help provide parenting supports for parents of all

children, including children with ASD. Positive parenting approaches, in general, focus on engaging the child and conveying positive regard. Three parenting programs that have been used with parents of children with ASD include the Incredible Years (Webster-Stratton & Mihalic, 2001), Triple P Positive Parenting Program (Sanders, Mazzucchelli, & Studman, 2009a), and Nurturing Parenting (Bavolek, 1989).

First, teaching parents to understand the “ABCs” of behavior is a helpful technique in understanding and reducing challenging behaviors in the home (Autism Speaks, 2012b). The antecedent (A) is the event or situation that happened just prior to the behavior (B) and triggers the behavior. The consequence (C) is what happened just after the behavior and may reinforce the behavior. When parents take the time to analyze the behavior in relation to the “ABCs,” they learn to identify antecedent triggers and consequences to the behavior such as escaping a task or obtaining attention that maintains or reinforces the behavior. If the child is rewarded by the poor behavior, they were successful in getting what they wanted rather than what is appropriate; therefore, the behavior may continue or even escalate.

Several key strategies also can be taught to parents to help shape desired behavior. One is to positively praise desired behavior while using planned ignoring of undesirable behavior (Sanders et al., 2009a). Most children enjoy receiving attention and praise. If children do not receive attention for desired behavior, they may learn to engage in undesired behavior as a way to gain attention from the parent. Establishment of simple rules is another helpful strategy (Sanders et al., 2009a). Parents should establish several key rules for the household and consistently reinforce these rules (Autism Speaks, 2012b). The rules can be posted in a central location as a reminder for the child. In addition, encouraging parents to provide a variety of stimulating and developmentally appropriate activities for their child reduces the boredom behaviors that often turn into inappropriate behaviors (Sanders et al., 2009a). The Consumer Product Safety Commission provides a resource that can be provided to parents and identifies toys appropriate for children of different ages (Goodson & Bronson, n.d.). Suggesting that parents provide children with transitional prompts when moving from one activity to another or before a change in routine also reduces tantrums or undesired behaviors for children (Autism Speaks, 2012b). A suggestion would be to provide a 5-minute prompt or “count down” from 10 as the child transitions to the next activity.

Parents should have a method, available in the home, for the child to communicate. Communication resources may include picture cards, a communication board, or an augmentative communication device that

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