

Children's Hospital Association

Autism Spectrum Disorder (ASD) Practice Question Answers

1. When he was 2 years old, Charley's parents decided to have him evaluated for autism because he avoided making eye contact, refused to wear sweaters because they were itchy, and insisted on eating applesauce every day for breakfast. Select the diagnostic criteria that best describes Charley's behavior. *Select all that apply.*

- A. Deficits in nonverbal communication skills
- B. Deficits in social-emotional exchange
- C. Hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment
- D. Insistence on sameness, inflexible adherence to routines or ritualized patterns
- E. Stereotypical or repetitive motor movements

That is correct!

Avoiding eye contact, insistence on eating applesauce every day for breakfast, and refusing to wear sweaters because they are itchy could signify autism-associated social communication impairments and restrictive and repetitive patterns of behavior, including hyper-reactivity to sensory input (i.e., itchy sweater).

2. Which of the following behaviors are characteristic of children with autism? *Select all that apply.*

- A. Five-year-old Megan sings the theme song of "Little Einsteins™" repeatedly for over two hours.
- B. Nine-year-old Michael talks excessively about tarantulas when anyone asks him how his day was.
- C. Three-year-old Eli sucks his thumb when he is upset.
- D. Twelve-year-old Rita, who insists on wearing her red boots to school, refused to go to school one day when they could not be found.

That is correct!

Children with autism face impairments and challenges in the areas of communication, socialization/social cognition, repetitive behavior, executive functioning, emotional and self-regulation and sensory processing. Challenges with communication may cause a child such as Megan to repeatedly say the same word or phrase, such as a theme song, because it is easier to repeat language than to generate original language. Social impairments often prevent a child with autism from demonstrating typical give-and-take in the conversation, which is why Michael may talk excessively about tarantulas, regardless of the topic of conversation. Rita refused to go to school without her red boots because children with autism tend to be highly dependent on structure and routines and it is often difficult for them to vary or be flexible. While Eli sucking his thumb is soothing to him, it is not indicative of the repetitive self-calming behaviors typical in children with autism.

3. Charley is showing some reactive behaviors to his environment and the clinician is concerned that these behaviors will continue to escalate. After reviewing the information the parents provided at admission, which of the following might be calming for Charley? *Select all that apply.*

- A. Find an activity that involves matching colors.
- B. Get a movie for him to watch.
- C. Take him to a Child Life group activity to play with blocks.
- D. Turn down the lights in his room.
- E. Turn on SpongeBob SquarePants™

That is correct!

Charley's mother said that he is dependent on routines and it is often difficult for them to vary or be flexible concerning those routines. Providing him with activities he enjoys at home is one way to provide a routine for him—SpongeBob™ and matching colors is something he enjoys. While he enjoys his blocks at home, playing in a group setting would likely be too stressful for him. He also experiences visual sensitivity so turning down the lights might also be calming.

The clinician enters Charley's patient room to discuss with him and his parents the EEG that he will be having in about an hour. There are two therapists in the room talking to Charley's parents and quite a lot of noise outside Charley's room. Charley seems a little upset and is pacing in the room with his hands over his ears and repeating over and over again, "Charley go home now."

For each question, select the correct answer.

4. What should the clinician do first?

- A. Ask the therapists to talk outside with one of Charley's parents and shut the door.
- B. The therapists should talk over the noise going on outside the room, so Charley can't hear it.

Charley's parents said during the admission that he is sensitive to sound input. By recognizing that Charley is responding negatively to the noise and taking action to decrease the noise, the clinician may be able to prevent further escalation of Charley's behavior.

5. How should the clinician begin the conversation with Charley and the parent that stayed in the room?

- A. Avoid eye contact with Charley.
- B. Begin by saying Charley's name.

When communicating with Charley, the clinician needs to use concrete language. One way to do this is to say his name before beginning the conversation in order to be certain Charley knows the clinician is talking to him.

6. What strategies should the clinician use to proceed with talking to Charley and his mom?
- Provide positive instructions and visual support directly to Charley.
 - Allow Charley's parent to be the primary communicator. School

When communicating with a child with ASD, focus on speaking directly to the child using concrete, literal and explainable language. For example, the conversation may look like this:

- Hi, Charley! Please sit in the chair (tap the chair as a visual method of communication).
- Mom is going to sit in this chair (point to mom's chair).
- I am Nurse Sean.
- Nurse Sean is going to sit here (point) and talk to you.
- When we are done talking, you may watch SpongeBob™ (point to picture of SpongeBob).

7. How should the clinician respond to Charley not putting on his hospital gown?
- Get down on the floor with Charley and ask him why he hasn't put on the gown.
 - Ignore it as it is not hurting him to not have the gown on.
 - Say the following, "Charley has to put his gown on now."
 - Show him a picture of a boy in a gown.

That is correct!

There are two reasons why ignoring the gown is the best strategy:

- It is important to be flexible and not worry about something that is not going to be harmful or disruptive.
- Charley's mother told the clinician during the admission that he is bothered by certain fabrics and so it is possible he does not like the feel of the gown but is not able to communicate that to the clinician.

8. What characteristics commonly associated with autism are observable in Ben? *Select all that apply.*
- Communication challenges
 - Sensory processing challenges
 - Social challenges
 - Visual sensitivities

That is correct!

Ben demonstrates challenges with communication evidenced by scripted language such as, "I do not want green eggs and ham." He has socially age-inappropriate behavior and demonstrates challenges with sensory processing evidenced by drumming and biting as well as other behaviors reported by the mom.

9. What strategies could be used to support Ben during his hospitalization? *Select all that apply.*

- A. Sensory accommodations
- B. Social narrative
- C. Visual supports and written expectations

That is correct!

Ben will benefit from all of these strategies. Visual supports and providing written expectations is an appropriate strategy for the communication challenges identified. A social narrative will assist Ben in knowing how to respond to the new situations he will be faced with in the hospital and sensory accommodations specific to his sensory processing challenges will help him feel more calm and safe.

10. How can the nursing staff best meet Lydia's need for sensory input while also maintaining her safety in the room as she waits for the physician to complete her assessment?

- A. Affirm Lydia's request by saying "first we visit the doctor, and then we go on a walk".
- B. Create a walk line with tape for her to walk a path in her room while she waits for her assessment.
- C. Ignore the behavior and she will forget about wanting to go on a walk.
- D. Redirect Lydia to an exercise ball for bouncing in the room.

That is correct!

Creating a walk line with tape to allow Lydia to walk in her room meets the patient's request to walk, promotes a sensory input and also allows her to remain in her room while waiting for her assessment. Neither ignoring the behavior or telling Lydia she can walk after seeing the doctor meet any immediate sensory needs and therefore could lead to further escalation. Redirecting to an exercise ball for bouncing in the room has been identified as a preferred sensory input activity but it does not meet her request to walk. This could be an acceptable alternative to give if Lydia does not want to walk on the tape line.

11. As Lydia's health care provider, what would be your next step in addressing this new behavioral symptom?

- A. Consult her psychiatrist regarding the medication change and side effects of increased appetite.
- B. Continue to give her food whenever she requests it because she is in the hospital and it's better to minimize opportunity for escalation.

- C. Create a visual schedule of meal/snack times so Lydia will know when it is time to eat.

That is correct!

- The provider should call her psychiatrist to determine if the medication change is causing an increase in hunger. If it is, then she may be requiring a greater level of oral intake. If not, then the behavior may be stemming from boredom, which would then be addressed differently.
- While a visual schedule for meals/snacks might be helpful, it is important to find out the need for her increased intake prior to deciding how many times a day are appropriate to eat. THEN, you would want to mimic her home eating schedule based on her oral intake needs. This schedule will help her to know when she will be able to eat next.
- While it is a transition to be in the hospital setting, reinforcing negative behaviors only will spur the behaviors to continue. The hospital team needs to utilize her home schedule as much as possible to mimic in the environment.

12. Which of the following events in the hospital may be a trigger for a child with vestibular over-sensitivity?

- A. Drinking barium
- B. Riding on gurney
- C. The smell of antiseptic agents
- D. The sound of the MRI

That is correct!

The child with vestibular challenges has difficulty with balance and movement sensations, so riding on a gurney could be a trigger. This is often observed with activities involving motion, including when the head is not in an upright position and the feet on the ground.

13. Eric is a 4-year-old boy recently diagnosed with autism. In addition to an impairment in social communication skills, Eric demonstrates all of the characteristics listed below. Which of them would also be diagnostic of autism?

- A. Depression and ADHD
- B. Developmental delay
- C. Intellectual disability
- D. Pacing and flapping

That is correct!

The specific criteria used to diagnose autism encompasses two major areas of symptoms: social communication impairments and restrictive, repetitive patterns of behavior such as pacing and flapping.

14. How does the pattern of strengths and weakness of patients with autism compare to those who are typically developing? The child with autism demonstrates_____.

- A. A "splintered" pattern of development.
- B. A predictable pattern of development across categories.
- C. Expressive and receptive language delays.
- D. Some deficits in all categories of development.

That is correct!

The child with autism shows a "splintered" pattern of development with areas of strength that may be similar to neuro-typical children of the same age but with significant deficits in other areas. These areas of deficits are different for different children. These splintered skill sets can make drawing conclusions from observations difficult.

15. A 10-year-old child with autism is admitted to the hospital with an exacerbation of asthma symptoms. The child has been pacing and screaming "no, no, no," making it impossible for the clinician to complete an assessment. By recognizing the basic functions of behavior, the clinician suspects that this behavior is a way for the child to _____.

- A. escape the unpleasant situation (hospitalization).
- B. get attention from the hospital staff.
- C. get something she wants.
- D. meet a physical need.

That is correct!

Every behavior has a function and communicates something:

- To acquire something you want
- To escape an unpleasant situation
- To meet a physical or sensory need
- To meet a social need (get attention)

The quickest way to diminish an unwanted behavior is to identify and meet the need the behavior is communicating in a way that is safe and appropriate for the setting. By recognizing that the situation is causing the child's behavior, the clinician may be able to consider some changes to the environment that will make the child feel safer and more secure.

16. The clinician caring for a 12-year-old child with autism and low executive function wants to implement a tool to help the child anticipate and cooperate with events of the day. Which of the following tools would be most helpful for this purpose?

- A. A timer set to alarm for each event.

- B. A written schedule hung on the wall.
- C. A verbal recording listing the schedule.
- D. Visual representations of each event/time.

That is correct!

Visuals representations are excellent executive function supports, so even if a child communicates well, visuals can support their executive function by reinforcing directions given verbally.

17. Which of the following is an example of sensory-seeking behavior in a child with proprioception challenges?

- A. Motion sickness
- B. Playing with light switches
- C. Repeated spinning
- D. Toe walking

That is correct!

Toe walking is an example of sensory-seeking behavior in a child with proprioception under-sensitivity.

18. The child life specialist is planning activities for a child with autism that is known to have sensory-seeking behaviors due to visual under-sensitivity. Which of the following would be an appropriate activity or tool to implement for this sensory processing impairment?

- A. Pictorial representations of directions
- B. Provide a kaleidoscope as a reward.
- C. Sunglasses when going outside.
- D. Use of a five-point scale

That is correct!

Children with visual under-sensitivity may experience objects as quite dark and therefore find the bright color and objects in a kaleidoscope as very rewarding.

19. Which of the following is the most effective example of providing directions to a child on the autism spectrum?

- A. Do not push.
- B. Stop running.
- C. Wait in this chair.
- D. You may not leave this area.

That is correct!

Evidence has shown that children on the autism spectrum respond to positive, affirmative language better than negative language. Using positive language—what to do/can do versus what not to do/cannot do—assists the child with autism in two ways:

- Socially they do not infer or interpret meanings well—using positive language tells the child what you want without requiring the child to infer what you want.
- It has been shown that any individual with delayed or challenged language processes positive communication better.
- "Wait in this chair" is the only example of positive directions; in all the other examples, the child will need to infer what you actually want them to do.

20. How can the five-point scale be utilized when caring for a child with autism?

- A. It allows the child to identify level of pain.
- B. It provides a method for the child to describe feelings.
- C. The clinician can use it to communicate steps in a procedure.
- D. It communicates visually five steps the child needs to complete.

21. The clinician observes that a patient with autism on the acute care unit for treatment of pneumonia has all of his clothes turned inside out. The clinician recognizes that this child likely has which of the following sensory processing impairments?

- A. Interoception over-sensitivity
- B. Proprioception under-sensitivity
- C. Tactile over-sensitivity
- D. Visual under-sensitivity

That is correct!

Children with tactile over-sensitivity are sensitive to even the lightest touch. The tags and seams on clothing may be very irritating and therefore the child may wear his clothes inside-out.

Taken from: PNI: Autism Spectrum Disorder (ASD) by Children's Hospital Association in HealthStream at Providence Health & Services.