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Social Stories to Facilitate Preparation for Healthcare Visits

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SOCIAL STORIES TO FACILITATE PREPARATION FOR HEALTHCARE VISITS

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Plainfield: The Health Center
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Often, individuals with autism spectrum disorder (ASD) have difficulty understanding social situations and times of unknown change. In coping, they may display aggressive, withdrawn, or self-injurious behaviors (Ali and Frederickson, 2006).

Social Stories were developed by Carol Gray to help individuals manage their behavior in social settings that they may find upsetting or confusing (Swaggart, 1995).

These stories describe the who, what, when, where, and why questions for individuals with autism (Gray and Garland, 1993).

Evidence based research indicates Social Stories improve duration of social engagement and increase the use of specific social skills (Delano and Snell, 2006).
• Behavioral dysregulation can prevent parents from bringing patients to the office for health care due to worries about imprinting negative thoughts and feelings about medical treatment
• Aggressive behaviors disrupt other patients in the healthcare setting
• Dr. Melissa Houser, a physician at The Health Center, has been using an abbreviated Social Story with her own child when he goes to the doctor. She explained that with Social Stories, the visit goes much smoother, “except when something happens not in the story”. Her Social Stories alleviated her son’s ASD healthcare anxiety, and make going to the doctor a less stressful experience.

• Teri Weinstein, a dental hygienist at The Health Center, explains the importance of starting children early with dental exposure. As a practice, they like to start children with simple parts of the dental exam, and build on those each visit. That way, everyone knows what to expect and can prepare for a dentist visit. A Social Story will aid in this learning process.
INTERVENTION AND METHODOLOGY

• As per Reynhout and Carter (2006): *In the Social Story’s original form, three types of short, direct sentences, descriptive, directive, and perspective, were used. Descriptive sentences describe the social situation in terms of relevant social cues; directive sentences specify an appropriate behavioral response; and perspective sentences describe the feelings and responses of the student or others in the targeted situation.*

• With newly created Social Stories, it will be important to encourage providers to identify individuals who might benefit from a Social Story prior to their visit and use these conversations to share the benefits of Social Stories for children with either ASD, healthcare anxiety, or new environment anxieties.
Practitioners at The Health Center learned about the new Social Stories created for different types of visits (Dental, Physical, Immunization/Venipuncture). They were advised on potential ways to integrate a Social Story into pre-visit preparations. Initial use of the “Dental Social Story” proved effective in an individual with ASD in reducing visit anxiety and preventing dysregulation.
Due to a spectrum of ASD behaviors and needs, the Social Stories were created to encompass generalized needs.

With limited use, it is difficult to fully anticipate the requirements for each Social Story.

Social Stories only work if patients have the opportunity to read them ahead of time, and unfortunately, not all patients can be identified before their visit as a candidate.
• Future Social Stories could be adapted to better cater to different needs of individual patients (describing procedures, identifying care providers…)

• An office survey could evaluate the effectiveness of Social Stories and identify areas of improvement
REFERENCES


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Consented _YES__

Name: