

Behavioral Management Strategies

Individuals with intellectual disability may experience difficulty understanding instruction across various settings, especially settings which may be very foreign to them, such as the healthcare/clinical treatment arena. When combined with the communicative difficulties prevalent in this population, the patient with intellectual disability often presents a unique challenge for the healthcare practitioner.

As with all patients, it is important to establish rapport and gain trust. Patients with significant intellectual disability, however, typically require more time for treatment, and thus ample time should be allotted to perform needed care in an unhurried manner.

Some simple strategies which may prove useful for gaining cooperation in the patient with intellectual disability are listed below.

- Patients are likely to appreciate a practitioner who takes the time to speak directly to them about their past experiences. If the patient is not able to communicate her needs or experiences directly to you, her caregiver/guardian may be able to offer helpful information about the patient's history with women's health appointments.
- Find out what time of day would be best to schedule the gynecological appointment; some individuals may be more cooperative either in the morning or afternoon.
- Make sure the entire office/clinic team has been educated concerning the proper attitude and treatment of patients with special needs. The continuum of care should begin with the office receptionist and extend to the nurses, physicians, and other ancillary staff.
- Praise, praise, praise! Most individuals respond to compliments and praise, and persons with intellectual disability are no exception. Reward good behavior and maintain a patient and positive affect.
- Attempt to reduce distractions as much as possible.
- Make every effort to provide consistency in routine, staff, and location when working with individuals with intellectual disabilities. All patients tend to be more cooperative in a familiar setting with familiar faces.
- **DO NOT** use physical restraint or sedation merely as a convenience. The healthcare provider should always use the least restrictive technique that will allow the patient to be treated safely. Include the individual with intellectual disability, whenever possible, in all healthcare instruction and discussion.
- Remember that individuals with intellectual disability may experience difficulty processing sequential information; thus it is important to break any instructions down into succinct parts pertinent to the task at hand.

Pre-visit Strategies

- **Social stories** are short stories, often with visual or pictorial prompts, designed to improve communication and behavior in persons with special needs and/or children, by presenting social situations in simple, concrete terms. Social stories may be written specifically for an individual to help them deal with new experiences-or may be purchased commercially. If the patient is not capable of reading the social story, the caregiver/guardian may read and discuss the story with the patient. A pre-visit social story depicting both the environment and procedures typically encountered in a gynecological visit may relieve a degree of patient anxiety.
- **Pre-visit Instructional Videos** are available commercially and may prove to be an excellent investment for the primary care provider who routinely cares for women with intellectual and/or developmental disabilities. Excellent multimedia instructional videos- tailored to varying degrees of intellectual ability- are now available for purchase online. Patients who may benefit from such intervention may be afforded the opportunity to view the materials in the office setting before the day of the visit, rather than taking the materials home. This strategy not only prevents potential loss of the video investment (in the event patients fail to return them) but also allows the individual to readily ask questions which may arise.
- **Desensitization** visits involve exposing the patient with special needs (or an apprehensive child) to the clinical examination/treatment area, as well as to staff members who are likely to be involved in their care, a few days before the actual visit. During this time the individual should ideally be introduced to the primary care provider as well and allowed to ask any questions. Furthermore, a tour of the waiting area and actual examination area often helps to familiarize the patient with the clinical setting and thus allay some anxiety/fear on the day of the actual appointment.