




SUPPORTING AUTISTIC PATIENTS SEEKING MEDICAL CARE

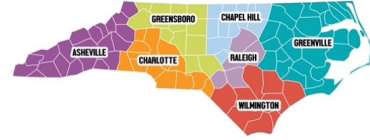
Ashley Durkee Hester, Ph.D.
UNC TEACCH Autism Program

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SUPPORTING AUTISTIC INDIVIDUALS SEEKING MEDICAL CARE

UNC TEACCH Autism Program

- Part of UNC School of Medicine, within the Department of Psychiatry, UNC Health Care System, and the Carolina Institute for Neurodevelopmental Disabilities
- The TEACCH Program is statewide and includes:
 - 7 regional outpatient clinics
 - Training
 - Research
 - Employment Services
 - Carolina Living & Learning Center



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A Note About Language

Identity First Vs. Person First Language Discussion

- Many self-advocates prefer **identity-first** language (“autistic person”) because autism is understood to be an inherent part of the individual’s identity
- Many parents and professionals prefer **person-first** language (“person with autism”) in order to emphasize the value or worth of the person
 - Counterarguments would say that saying “with autism” seems to suggest that it is detrimental to value/worth as a person

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Objectives

- Understand the **unique learning styles of autistic people** and list four differences in how autistic people learn.
- Identify **strategies to provide appropriate, compassionate medical care** that meets the learning and comfort needs of autistic patients
- Develop ideas for **flexibility in care procedures and accommodations** that will benefit all patients, not just those with autism

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WHAT EXACTLY IS AUTISM?

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DSM-5: Autism Spectrum Disorder

Social Communication

- Deficits in social-emotional reciprocity
- Deficits in nonverbal communicative behaviors
- Deficits in developing and maintaining relationships

Restricted, Repetitive Patterns of Behavior, Interests, or Activities

- Stereotyped or repetitive speech, movements, or objects
- Excessive adherence to routines, ritualized verbal or nonverbal behavior
- Highly restricted, fixated interests (intensity or focus)
- Hyper or hypo-reactivity to sensory aspects of environment

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Autism and Neurodivergence

- **Neurodevelopmental** condition – brain organized and functions differently
- Autistic people learn and experience the world differently from neurotypical people.
- **Social Model of Disability** – autism is not something to be fixed, but rather, autistic people need supports to better navigate a world that is not built for them.

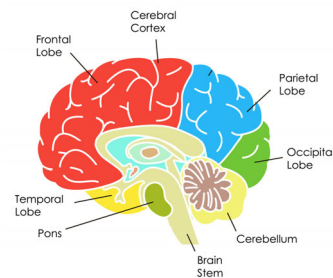


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MY PATIENT HAS AUTISM. WHAT DO I NEED TO CONSIDER?

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Compared to neurotypical peers, autistic people...

Are more likely to...

- Visit a specialist
- Undergo surgery
- Utilize healthcare at higher rates
- Be hospitalized for psychiatric reasons
- Report lower satisfaction with patient-provider communication
- Have unmet healthcare needs



Have higher rates of co-occurring medical conditions, including...

- Anxiety disorders
- Asthma
- Sleep problems
- Migraine/headache
- GI problems
- Seizure Disorders

Klinger, et al., 2014
Brondino, et al., 2021
Brooks, et al., 2020
Al-Beltagi, 2022
Nicolaidis, et al., 2013

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Autism and Medical Care

- Autistic women have higher rates of reproductive system diagnoses, prediabetes symptoms, irregular puberty onset, and menstrual irregularities relative to neurotypical women.
 - But autistic women are significantly less likely to visit a gynecologist or complete regular pap smears
- Autistic adults report challenges navigating the health care system, and when they do access care, report feeling dismissed, ignored, under-evaluated, and traumatized.
- Physicians in the US report lacking knowledge, skills, and tools to provide care to adult autistic patients.
- Lack of understanding and reasonable accommodations result in poor outcomes for autistic patients.

Nicolaidis, Raymaker, McDonald, et al., 2013
Simanov, et al., 2022
Zerbo, Qian, Ray, Sidney, Rich, Massolo, & Croen., 2019
Nicolaidis, et al., 2015

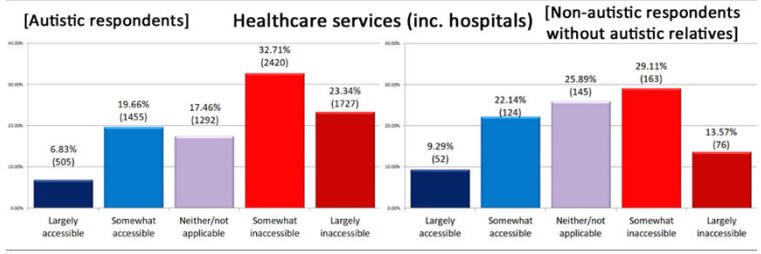
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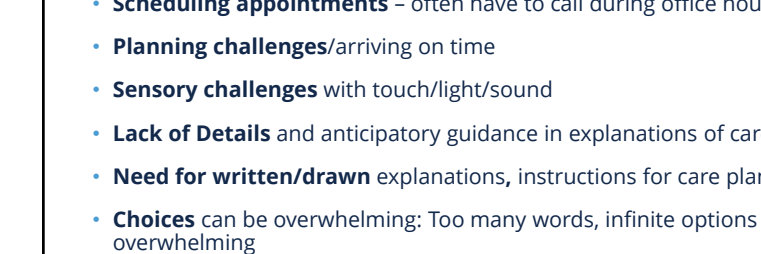
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“How Accessible Have You Found Healthcare Services?”

[Autistic respondents]



[Non-autistic respondents without autistic relatives]



Bonello, C. Autistic Not Weird Survey Results, 2022
<https://autisticnotweird.com/autismsurvey/>

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What Makes Accessing Health Care Difficult?

- **Scheduling appointments** – often have to call during office hours
- **Planning challenges/arriving on time**
- **Sensory challenges** with touch/light/sound
- **Lack of Details** and anticipatory guidance in explanations of care plan
- **Need for written/drawn** explanations, instructions for care plan
- **Choices** can be overwhelming: Too many words, infinite options overwhelming
- **Uncertainty** of what will take place, what signals the end of the visit

Nicolaidis, et al., 2015; Raymaker, et al., 2017

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Learning Styles of Autism that Impact Medical Care

- Implicit learning
- Auditory processing
- Attention
- Executive functioning
- Sensory Processing




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What Makes Accessing Health Care Difficult?

- **Scheduling appointments** – often have to call during office hours **Executive Function**
- **Planning challenges/arriving on time** **Executive Function**
- **Sensory challenges** with touch/light/sound **Sensory Processing**
- **Lack of Details** and anticipatory guidance in explanations of care plan **Implicit Learning**
- **Need for written/drawn** explanations, instructions for care plan **Auditory Processing**
- **Choices** can be overwhelming: Too many words, infinite options **Attention**
- **Uncertainty** of what will take place, what signals the end of the visit **Implicit Learning**

Nicolaidis, et.al, 2015; Raymaker, et.al, 2017

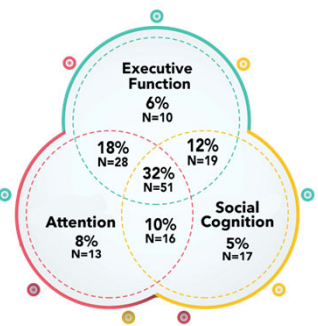
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Percentage of Autistic Adolescents with Atypical Cognitive Performance



Area(s)	Percentage	Count (N)
All 3 areas	32%	51
Two areas	40%	28
One area	19%	16
None	9%	17

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Brunsdon et al. (2015)

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HOW DO WE USE WHAT WE KNOW ABOUT AUTISTIC LEARNING DIFFERENCES TO REDUCE BARRIERS TO APPROPRIATE CARE?

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SPACE Framework (Doherty, et.al., 2023)

Created by Autistic Physicians – Core Tenets of Autism-Friendly Care

- Sensory
- Predictability
- Acceptance
- Communication
- Empathy

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SPACE Framework (Doherty, et.al., 2023)

Core Tenets of Autism-Friendly Care

- **Sensory** – accommodate differences in sensory processing
- **Predictability** – addresses differences in executive functioning and implicit learning
- **Acceptance** – recognizing that autism is a difference, not a problem to be fixed, and being flexible in how care is provided
- **Communication** – tailor communication to patients' preferences; addresses differences in implicit learning, auditory processing, and attention
- **Empathy** – consider the perspective of the autistic patient

By customizing care based on individual patients' learning needs, we can ensure that all patients receive compassionate, appropriate, accessible care.

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Learning Styles of Autism that Impact Medical Care

- Implicit learning
- Auditory processing
- Attention
- Executive functioning
- Sensory Processing



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Disclaimer

“If you’ve met one autistic person, you’ve met one autistic person.”

- Attributed to many, but most frequently to Stephen Shore

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Learning Styles: Implicit Learning

Explicit Learning
(rule-based learning) is a relative strength for autistic people

Implicit Learning
(automatic learning) is a relative weakness

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Learning Styles: Implicit Learning

Excellent Rule-Based Learning Difficulty with Generalization

- Exhibiting the same skill across people, places and materials
- Knowing what to do based on prior learning or experiences

Difficulty Recognizing “Hidden” Rules or Steps

- May need much more specific instructions with steps broken down.
- May not automatically pick up on environmental cues or expectations, which can lead to anxiety or frustration.

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Learning Style: Implicit Learning

IMPLICATION FOR MEDICAL CARE

- Use **direct (explicit) instruction** to clarify what “to do”
 - Use **specific language**
 - Use **visual supports** and refer to them often
- Create narratives to **explain the “hidden” rules and make new experiences less anxiety provoking.**

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Be Explicit – Social Narrative

I am going to an appointment at the Raleigh TEACCH Center at Roxwoods Center.

Once inside the building, I will go into the clinic, which is suite 200

I will tell the Front Desk Staff my name and they will give me instructions.

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Social Narratives in Medical Settings

- Use pictures and simple, first-person language to explain what to expect for common procedures. Explain what will happen and what the patient is supposed to do.
- Ideas for things to create social narratives around:
 - Scans
 - Physical exams
 - Blood draws
 - Procedures

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Show WHO to Expect

Add Provider Pictures to Board in Patient Rooms

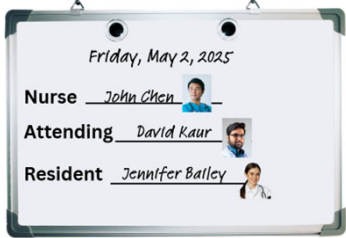




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Consider Posting Instructions for Common Sequences

1. Wash your hands.
2. Open the cup. Don't touch the inside of the cup
3. Clean the skin where the urine comes out. Use all three urines.
4. Begin to urinate in the toilet. Stand or sit as you normally would.
5. Move the cup to catch some urine. You do not need to fill the cup. Some urine may get on the outside of the cup. That's okay.
6. Finish urinating in the toilet.
7. Put the lid on the cup. Don't touch the inside of the cup
8. Wash your hands.

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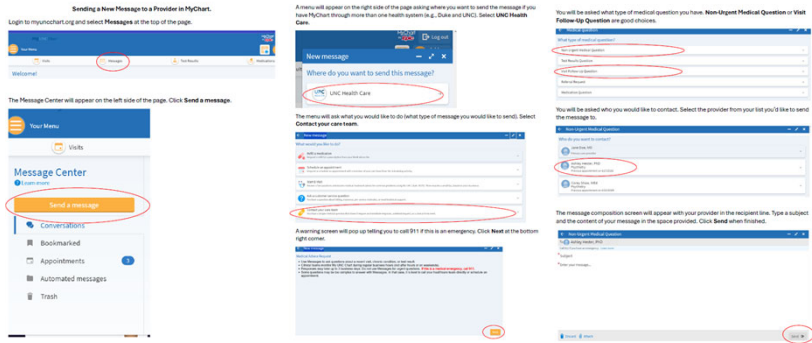
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Break Down Complex Sequences



Sending a New Message to a Provider in MyChart.

Log in to mychart.org and select Messages at the top of the page.

A menu will appear on the right side of the page asking where you want to send the message. If you have MyChart through more than one health system (e.g., Duke and UNC), select UNC Health Care.

Where do you want to send this message?
 - UNC Health Care

You will be asked what type of medical question you have. **Non-Urgent Medical Question or Visit Follow-Up Question** are good choices.

You will be asked who you would like to contact. Select the provider from your list you'd like to send the message to.

The message composition screen will appear with your provider in the recipient line. Type a subject and the content of your message in the space provided. Click Send when finished.

An alerting screen will pop up telling you to call 911 if this is an emergency. Click Next at the bottom right corner.

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Provide written/picture instructions to use at home

Post-Surgery Care Basics
Properly caring for yourself after foot and ankle surgery is very important. Follow these tips to help ensure you're on the road to proper recovery.

Pain Relief: The American Society of Anesthesiologists (ASA) has found that patients who take their pain medicine on a regular schedule (rather than waiting until the pain is unbearable) have a smoother recovery.

Swelling Reduction: To reduce swelling, your feet and ankles should be elevated above heart level. Swelling is often reduced by using the RICE method (Rest, Ice, Compression, Elevation).

Wound Care: Keep your surgical site clean and dry. Do not get it wet. Do not use hydrogen peroxide or alcohol on the wound. Do not pick at the wound.

Your Care Partner: Your care partner should be instructed on how to help you with your care. They should be instructed on how to help you with your care. They should be instructed on how to help you with your care.

When do I need to change out my menstrual product?

Keep clean and prevent infections by changing your product regularly.

Here are some guidelines for the different types of menstrual products:

- Menstrual Cup:** Empty your menstrual cup every 3-6 hours, depending on your flow. Make sure to make the cup before leaving to ensure proper hygiene.
- Tampons:** Change your tampon every 4-8 hours to prevent Toxic Shock Syndrome (TSS) and reduce the risk of bacterial infections.
- Pads:** Change your pad every 3-4 hours to keep you feeling dry and comfortable. Look for pads that have two layers of absorbent material to change if more frequently.
- Panty Liners:** Change your liner every 3-4 hours to keep you feeling dry and comfortable. Look for liners that have two layers of absorbent material to change if more frequently.

Learn more about menstrual hygiene: www.ashgynob.com

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It doesn't have to be pretty...

1. Take antibiotics twice a day they are gone. Continue taking the medication even if you feel better.
2. Stay home from work for at least 2 days
3. Call our office at 919-555-5800 if you do not feel better in 2 weeks.

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Don't Reinvent the Wheel – The Internet is Your Friend!

YouTube: Some health care professionals or companies have made YouTube videos for steps in care

- How to Set Medication Reminders in Apple Health App: <https://www.youtube.com/watch?v=cY1n33RricU>
- How to Use Menstrual Pads: https://www.youtube.com/watch?v=l6bZsl1pi_o
- How to Floss: <https://www.youtube.com/watch?v=LMC6NwGjIOs>
- How to care for post-surgical incision site at home: https://www.youtube.com/watch?v=O0hago_jw14
- How to give yourself a subcutaneous injection: <https://www.youtube.com/watch?v=wXjQHxopzk>

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Learning Styles: Auditory Processing

- Strength in visual processing
- Concrete or Literal Thinking
- Delayed processing of language

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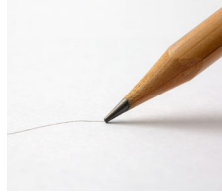
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Learning Styles: Auditory Processing

IMPLICATION FOR MEDICAL CARE

- Use **gestures, concrete examples**, and **visual supports**
- **Simplify your language** – State precisely what you want them to do. AVOID medical jargon.
- **Allow time to process** information and formulate a response – some patients may take up to a full minute to respond to your question.
- Be prepared to **change your communication style** to meet their needs.



If you can't draw it, it might be too abstract

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Use Additional Means of Communication

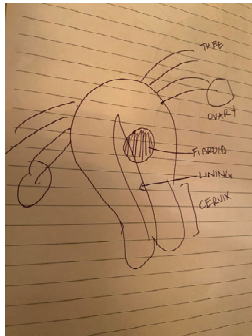
- **Show** where you need to touch them.
- Use **“props”**
 - For patients with greater communication difficulties, instead of asking them to tell you where it hurts, give them a Band-Aid and ask them to put it where it hurts
 - **Allow patients to communicate in the way that works for them** – verbally, writing things down, drawing pictures, letting an advocate or family member help explain, etc.
- **Write** things down or **draw** simple pictures to help with communication.

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Draw Pictures and Use Models to Explain Concepts



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Get Creative



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Use what's in the room to help illustrate concepts (e.g., convex mirror to show shape of eardrum).

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Learning Styles: Attention

- Sticky Attention (Central Coherence)
 - Strong attention to high-interest
 - “Big Picture”
 - Disengaging and shifting
- Narrow Beam
 - Strength in focusing on details and facts
 - Determining relevant vs. non-relevant



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Learning Styles: Attention

IMPLICATION FOR MEDICAL CARE

- Use visual structure to **direct attention** to important and relevant information – consider highlighting and color-coding written instructions
- If where their body matters, use visuals to **make explicit where they are supposed to be**.
- Use visual supports to **enhance meaning** and understanding of abstract concepts
- Use a variety of visual cues to help **disengage and shift attention**

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Color-Coding, Bolding, and Highlighting Instructions

Post-Visit Instructions

STOP Taking the following medications:
aripiprazole (**Abilify**) 15 mg

START taking the following medications:
lorazepam (**Ativan**) 5 mg

Come back in 1 month.

Your next appointment is scheduled for **Wednesday, August 7, 2024 at 1:00 pm** with Dr. Barnhill at UNC Psychiatry Outpatient Clinic
77 Vilcom Center Drive #300, Chapel Hill, NC

If you have questions before your appointment, you can contact Dr. Barnhill by

- Calling the clinic: **984-974-5217**
- Sending a message through MyChart: **myuncchart.org**

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Clarify Where Their Body Should Be



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Clarify Where Their Body Should Be



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Clarify Where Their Body Should Be

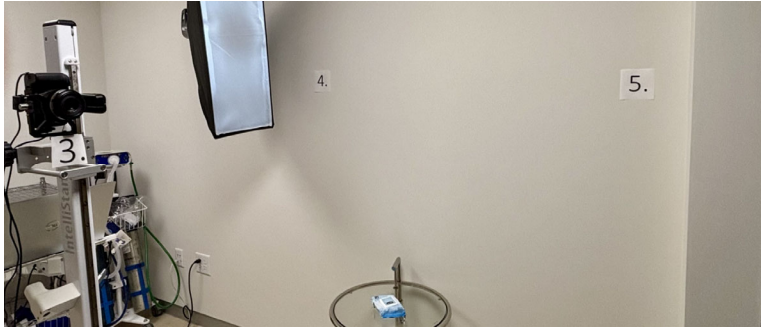


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Simplify

- Simplified visuals and limited choices can make communication easier.
- Too many choices slows down processing and can be overwhelming.
- Try multiple-choice or forced choice questions if open-ended are difficult.



Feels OK Hurts a Little Hurts a Lot

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Learning Styles: Executive Functioning

- Organization
- Sequencing / planning
- Initiation
- Understanding “finished”
- Set shifting / flexibility
- Transitions




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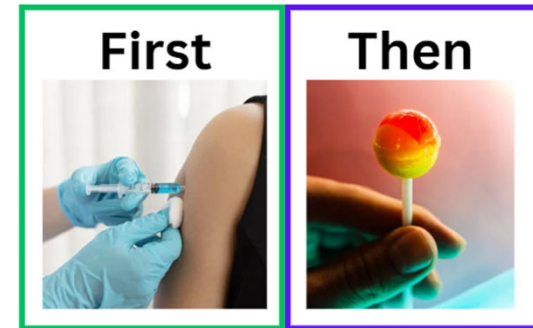
Learning Styles: Executive Functioning

IMPLICATION FOR MEDICAL CARE

- Provide **visual sequences** of appointment activities and instructions for home care.
- Can become overwhelmed by multiple step directions or tasks that require planning, sequencing and organizing – may need your **help breaking things down**.
- For longer procedures or scans, have a way to **track time** until finished
- **Support organizational strategies for follow-up care** – develop plans for medication management, making follow-up appointments, etc.

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First-Then Sequences with Pictures



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Schedules Clarify Sequences and Expectations

- A visual cue or cues - what activities will occur, where, and in what sequence.
- An organizational system of time
 - Shows the order of the appointment
 - Can visually see progress through appointment components
- Reduces anxiety about what to expect
- Helps with understanding and retaining information
- Improves tolerance for changes

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Strategies to Use with Schedules

- Have visuals available for demonstration and explanation of what is expected and review **BEFORE** exam.
- Show and demonstrate each instrument prior to using it. If appropriate, let them touch or examine the instrument.
- Prepare the person for each step. Narrate all actions **BEFORE** doing them.
 - **ALWAYS** inform before you touch
- Refer back to the schedule frequently so they can track where they are in the process.

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Object Schedule: Use the Instruments to Show Sequence




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Pictures and Words


Talk to Nurse



Nurse Takes Blood Pressure and Temperature



Talk to Doctor About my Concerns



Doctor Examines Me




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Written Schedule

Visit Plan

- ✓ talk about your concerns
- ✓ get Undressed (doctor leaves)
- ✓ sit on gown and sit on table
- ✓ doctor knocks then comes back in
- ✓ Breast Exam
- Break—if needed
- Pelvic Exam
- Get dressed (doctor leaves)
- Doctor knocks then comes back in
- Talk about plan/next steps
- ? Go to lab for bloodwork
- Check out at front desk



It's okay if the visit schedule has to change – just indicate changes within the schedule so that the patient knows what to expect.

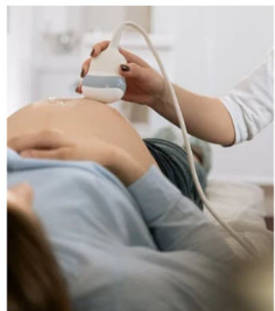
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For Procedures: Use Visuals to Set Expectations and Show the Passage of Time



Lie Still
for about



10
Minutes

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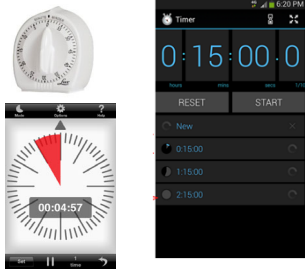
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Showing the Passage of Time

Timers



Visual Countdowns

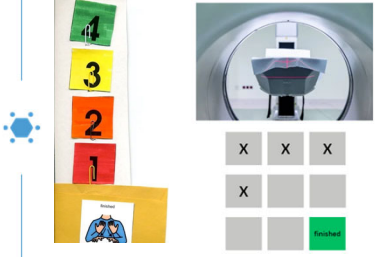


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Sensory Processing

- Differences in filtering and modulating input
 - Hyper-reactivity (over-stimulated)
 - aversion, avoidance, over-aroused
 - Hypo-reactivity (under-stimulated)
 - Sensory seeking
 - May not notice sensory input
- Open space may feel overwhelming




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Sensory Processing

IMPLICATION FOR MEDICAL CARE

- Overstimulation can cause shutdown, withdrawal, or escape
- May need to dim the lights
- Be aware of smells, extraneous sounds; can provide headphones to block out upsetting sounds
- Touch distal to proximal – **ALWAYS** tell before you touch
- May be under- or over-sensitive to pain. Do not assume a patient is uninjured just because they are not reporting pain.

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Taking a Break

- Include time for breaks during exams/procedures to help regulate.
- You may also agree on a nonverbal way the patient can request a break (raise hand, hand you a “break” card, start humming) if they get overwhelmed.
- Take breaks as needed.

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Things to think about

Autistic women are more likely than their neurotypical peers to have a history of sexual assault – compassionate care, particularly regarding touch, is imperative. Cazalis, Reyes, Leduc, & Gourion (2022).

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Additional Considerations

- Consider having supportive information on your website
 - Social narratives or videos explaining what to expect at different types of appointments
 - Lists of potential accommodations patients can request and methods for doing so
 - Frequently asked questions.
- Offer more than one way to schedule appointments and communicate with providers:
 - Making phone calls can be a barrier to access for many patients
 - The ability to schedule online or get results via email or chat increases access to care.

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Considerations: Waiting

- The unknown of how long they must wait to be seen after their appointment time may be stressful for some autistic patients. If you're running behind, consider identifying someone to keep them informed.
- If the waiting room is a stressful place for them, can the patient wait in their car and office staff call or text them when it is time to go back to an exam room?
- For children, consider having a wide variety of toys and sensory items in your waiting room.

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Make Accommodating the Norm

- Consider implementing flexible scheduling and follow-up procedures and accommodations menus for all patients, regardless of autism diagnosis.
- Not every autistic person has the diagnosis listed in their medical record. Women, in particular, are less likely to have a formal diagnosis of autism (Posserud, et.al., 2021)
- Many of these difficulties that make accessing healthcare challenging are not unique to autism. **Offering accommodations broadly benefits all patients.**
 - Executive Function
 - Sensory Processing Differences
 - Auditory Processing Differences

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Accommodations Form


Name: _____
DOB: _____
SPIN: _____

Which of the following conditions describe you (mark all that apply)?

<input type="checkbox"/> None	<input type="checkbox"/> Trauma/PTSD/Anxiety Disorder	<input type="checkbox"/> Physical/Multiple Sclerosis
<input type="checkbox"/> Autism/Neurodivergence	<input type="checkbox"/> Deafness	<input type="checkbox"/> Speech/Language Disorder
<input type="checkbox"/> ADHD	<input type="checkbox"/> Deaf	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Blind	<input type="checkbox"/> Head of Blasting	<input type="checkbox"/> Prior war to disaster
<input type="checkbox"/> Low Vision	<input type="checkbox"/> Intellectual/Developmental Disability	

Please check any accommodations below that will improve your care:

MOBILITY	COMMON SENSE	SENSORY/EMOTIONAL
<input type="checkbox"/> Navigation Assistance	<input type="checkbox"/> ASL Interpreter	<input type="checkbox"/> Eye Light/Dim Bright Lights
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Oral Interpreter	<input type="checkbox"/> Quiet Area
<input type="checkbox"/> Accessible Patient Room	<input type="checkbox"/> Cued Speech Interpreter	<input type="checkbox"/> Lock head covers
<input type="checkbox"/> Braille/Concave	<input type="checkbox"/> CART (computer-assisted transcription)	<input type="checkbox"/> Lock strong smells
<input type="checkbox"/> Assistance with AEDs (epilepsy)	<input type="checkbox"/> Clear Mask	<input type="checkbox"/> Lock people in room
<input type="checkbox"/> Tactiling	<input type="checkbox"/> Qualified Reader	<input type="checkbox"/> Breaks during appointments
<input type="checkbox"/> Drawing	<input type="checkbox"/> Qualified Writer	<input type="checkbox"/> Bring your medication from hospital/consumer
<input type="checkbox"/> Writing	<input type="checkbox"/> Tactile Interpreter	<input type="checkbox"/> Request appointment through video conference
<input type="checkbox"/> Marking	<input type="checkbox"/> Materials Provided in Braille	
<input type="checkbox"/> Braille/Tactile	<input type="checkbox"/> Magnification Device	
<input type="checkbox"/> Transferring	<input type="checkbox"/> Large Print Written Materials	
	<input type="checkbox"/> AAC Device	
	<input type="checkbox"/> Avoid Open Ended Questions	
	<input type="checkbox"/> Simple Language/Short Sentences/ Words	
	<input type="checkbox"/> Allow Extra Time for Processing	
	<input type="checkbox"/> Repetition or Clarification	
	<input type="checkbox"/> Preferred Method of Communication	
	<input type="checkbox"/> Verbal	
	<input type="checkbox"/> Written	
	<input type="checkbox"/> Pictorial	
	<input type="checkbox"/> Pictures or diagrams to explain procedures	
	<input type="checkbox"/> Pictures	
	<input type="checkbox"/> Models	
	<input type="checkbox"/> Nonverbal/ADMINISTRATION	
	<input type="checkbox"/> Phone Calls	
	<input type="checkbox"/> My Chart Only	
	<input type="checkbox"/> First appointment of the day	
	<input type="checkbox"/> FOLLOW UP: PATIENT INSTRUCTIONS	
	<input type="checkbox"/> Highlight or Bold Important Elements	
	<input type="checkbox"/> Provide Detailed Instructions	



Example of Intake Accommodations Form Includes categories of:

- Mobility
- Visual Supports
- Communication
- Sensory/Emotional
- Scheduling/Administration
- Follow-up/Patient Instructions

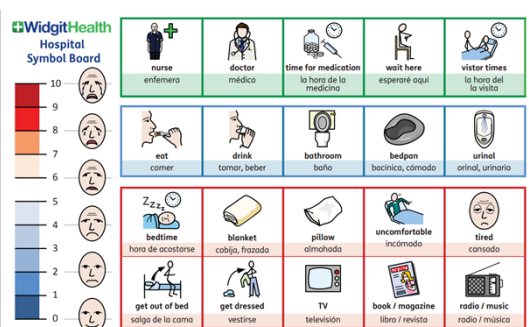
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UNC Hospital Symbol Board Communication Resources

<https://www.med.unc.edu/healthsciences/sphs/wp-content/uploads/sites/600/2020/04/COVID-AAC-Final-Version.pdf>



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ASD Office Prep Tip Sheet from Adult Autism Health Resources at Harvard Medical School

Available for free download:
<https://adult-autism.health.harvard.edu/resources/what-does-an-autism-competent-office-look-like/>



Clinical Care for Autistic Adults

ASD Office Prep Tip Sheet

People with autism often have needs or preferences that make getting medical care difficult or stressful. Some people avoid seeking medical care because the process of getting care is too overwhelming. The organization and layout of an office can make that process easier, and we have advice for providers who want to make their spaces and staff better equipped to help people with ASD get care.

The following office and visit preparation recommendations have been developed by members of this project's Patient Experience Board. Pull quotes have been contributed by members.

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Resources

Free Self-Paced Course through Harvard Medical School on Clinical Care for Autistic Adults: <https://cmecatalog.hms.harvard.edu/clinical-care-for-autistic-adults/accreditation>

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In partnership with Wellcare, we are seeking North Carolina primary care providers who want to develop their expertise in screening, evaluation, and care for autistic children.

Join UNC TEACCH's Project ECHO Autism series held **virtually** on the **1st and 3rd Mondays from 12:30 - 2:00 PM** beginning **October 6, 2025**.

- ✓ Free CME, CEU & contact hours
- ✓ Boost knowledge & confidence
- ✓ Improve care for autistic patients

SCAN ME



www.teacch.com/trainings/project-echo-autism/

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Resources

- Healthcare Toolkit: <https://researchautism.org/healthcaretoolkit/>
- Healthcare Social Narratives
 - From Massachusetts General: <https://www.massgeneral.org/children/autism/lurie-center/social-narratives>
 - From Rady Children's Hospital San Diego: <https://www.rchsd.org/programsservices/autism-discoveryinstitute/hospital-visit-tips/social-stories/>
 - How to write a social narrative guide: <https://drive.google.com/file/d/1NgJS6KQIjKf8d3bOXC8izwcNF5iNpW/view>
- TEACCH Tips for using Visual Supports: <https://teacch.com/resources/teacch-tips/>

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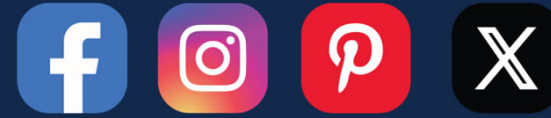
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