

# **Reducing Anxiety in Pediatric Healthcare:**

## **The Role of Adaptive Care Plans and Interprofessional Collaboration**

Katie Vellody, MA, CCC-A and Alanna Kanawalsky MS, CCLS

March 2026

# Learning Objectives

1. The participant will be able to define an adaptive care plan and list at least two reasons it may be created for a child with neurodevelopmental disabilities.
2. The participant will be able to list the steps involved in developing an adaptive care plan and state at least two ways it is applied during a healthcare visit scenario.
3. The participant will be able to list key members on the adaptive care team and match each member with their primary roles and responsibilities.



# Presenters



Katie Vellody, MA, CCC-A  
Adjunct Faculty, Clinical Instructor, Audiology LEND Faculty  
University of Pittsburgh, Communication Sciences and Disorders  
Pediatric Audiologist, UPMC Children's Hospital of Pittsburgh



Alanna Kanawalsky, MS, CCLS  
Lead Certified Child Life Specialist, ACT  
UPMC Children's Hospital of Pittsburgh



# Disclosures

## Financial:

- Katie Vellody
  - Employed at UPMC Children's Hospital of Pittsburgh
  - Employed at University of Pittsburgh
- Alanna Kanawalsky
  - Employed at UPMC Children's Hospital of Pittsburgh

## Non-Financial:

- None



# Neurodiverse Patient Population



*Graphic Courtesy of MS Copilot*



# Sensory Experience

<https://vimeo.com/1081561680>

# Sensory Experience in Healthcare

## Visual

Bright lights  
PPE  
Multiple staff  
Unfamiliar equipment

## Auditory

Beeping Monitors  
Staff conversations  
Humming Lights  
Call bell

## Tactile

Gowns  
ID Bands  
Tape  
Pulse Ox

## Taste/Smell

IV fluids  
Alcohol wipes  
PO medication  
Cleaning products

## Proprioception

Transitions  
Stretcher  
Physical Assessment  
Limitations/Isolation



# UPMC Children's Hospital of Pittsburgh Adaptive Care Team (ACT)



## What We Do:

- Complimentary program improving care and experience for patients with developmental and behavioral challenges
- Focus on autism spectrum disorder and similar conditions

## How We Help:

- Create Adaptive Care Plans tailored to each child's unique needs
- Share plans with doctors, nurses, and staff across the healthcare setting

## Our Promise:

- Safe, sensitive, and individualized care for every patient



<https://www.chp.edu/for-parents/support-services/family-support-services>



# Adaptive Care Team (ACT): History

- **When** did ACT begin in US?
- **How** did ACT start at UPMC Children's Hospital of Pittsburgh?
- **What** is the current number of pediatric hospitals in US with ACT?



# An Adaptive Care Plan: Intake Steps and Tool

## ACT Intake Steps:

1. Referral to Child Life ACT
2. Child Life reviews medical records
  - History & physical
  - Previous OT/PT/Behavior health note
3. Family completes intake (options)
  - Paper intake
    - Reviewed at bedside or telehealth
  - Family interview via telehealth visit (~20-30min)

## Intake:

- Likes & interests
- Personality
- Communication style
- Coping
- Sensory preferences
- Sensory concerns
- Responses to stress
- Past medical encounters
- Typical response to painful stimuli

# Sensory Accommodations in Healthcare

## Visual

- Dim overhead lights
- Offer sunglasses
- Use visual supports to aid in transitions
- Remove or cover threatening items in the room

## Auditory

- Consider an alternate waiting area
- Headphones
- Reduce number of staff at one time
- Keep exam room door closed

## Tactile

- If possible, allow patient to remain in their own clothes
- Allow patient to touch equipment first
- “Tell, Show, Do”

## Taste/Smell

- Be aware of sensory concerns
- Avoid stressors or complete most invasive task last

## Proprioception

- Explain any movement prior
- “First, then...”
- Facilitate breaks as necessary





## VECTA Mobile Sensory Station

[https://www.youtube.com/watch?v=l\\_gqVuqdAzw&t=1s](https://www.youtube.com/watch?v=l_gqVuqdAzw&t=1s)

# An Adaptive Care Plan: Who is Eligible?

At UPMC Children's Hospital of Pittsburgh, patients who meet **all 3** of the following criteria are eligible:

The patient is at  
least 3 years old

Current diagnosis with  
a developmental or  
behavioral condition

Needs additional  
support during  
healthcare visits

*Note: Children under 3 years old who meet the other criteria can still be referred for an ACT.*



# When is the best time to create an Adaptive Care Plan?

## Preparation Steps

### Before the Appointment:

- **Create the Adaptive Care Plan** - Develop plan with family input prior to scheduled appointment
- **Provide preparation resources** - Share photo preparation book to familiarize child with what to expect
- **Offer a desensitization visit** - Schedule practice visit to explore environment without procedures (when beneficial)

## Benefits of Early Planning:

- ✓ Reduces anxiety for child and family
- ✓ Allows time to gather necessary supports and accommodations
- ✓ Gives care team opportunity to review and prepare

# Matthew's Adaptive Care Plan: Intake

Patient Profile	
Name & Age	Matthew, 6 years of age
Likes & Interests	Sensory items, art activities, VECTA (mobile sensory station)/bubbles, coloring & pop-it toys
Personality	Energetic, takes time to warm up to new situations, generally cheerful
Communication Style	Verbal
Diagnoses	ADHD, Sensory processing differences, Bilateral SNHL
Visit Purpose	Radiology, same day surgery (SDS)



# Matthew's Adaptive Care Plan: Intake

## What We Learned from Previous Visits:

### Radiology - MRI/CT

- Successfully completed height/weight and vitals in SDS
- Managed waiting/transitioning in SDS well with support of VECTA
- Did well with multiple people in room using distraction (VECTA, coloring, pop-it)

### SDS

- Successfully completed previous procedures with these adaptations
- Participated successfully with preparation and support tools

# Matthew's Adaptive Care Plan: Intake

## Sensory Preferences & Responses to Stress

### Sensory Preferences

Smells; responds positively to nice smells in EMU and SDS

### Responses to Stress

May kick, cry, or scream when overwhelmed



# Matthew's Adaptive Care Plan

## ACT Recommendations

Communication Strategies (get child's attention – say name, face child, reduce background noise, speak clearly)

Visual schedule (first, next, then)

VECTA (*mobile sensory station*) in room to support transitions

Pre-register and private waiting room

Prepare patient prior to exam and/or procedure

Oral pre-medication (versed in SDS) supports patient coping

LMX, Buzzy, and Freezy spray for IV

Comfort hold for IV start

Parental presence for induction, remove amplification after induction

Offer appropriate choices when available

Patient coping items include coloring, pop-it, and bubbles

**Situations Causing Stress:** Waiting, Transitions, Crowds, & Needles

# Matthew's Adaptive Care Plan: SDS Visit

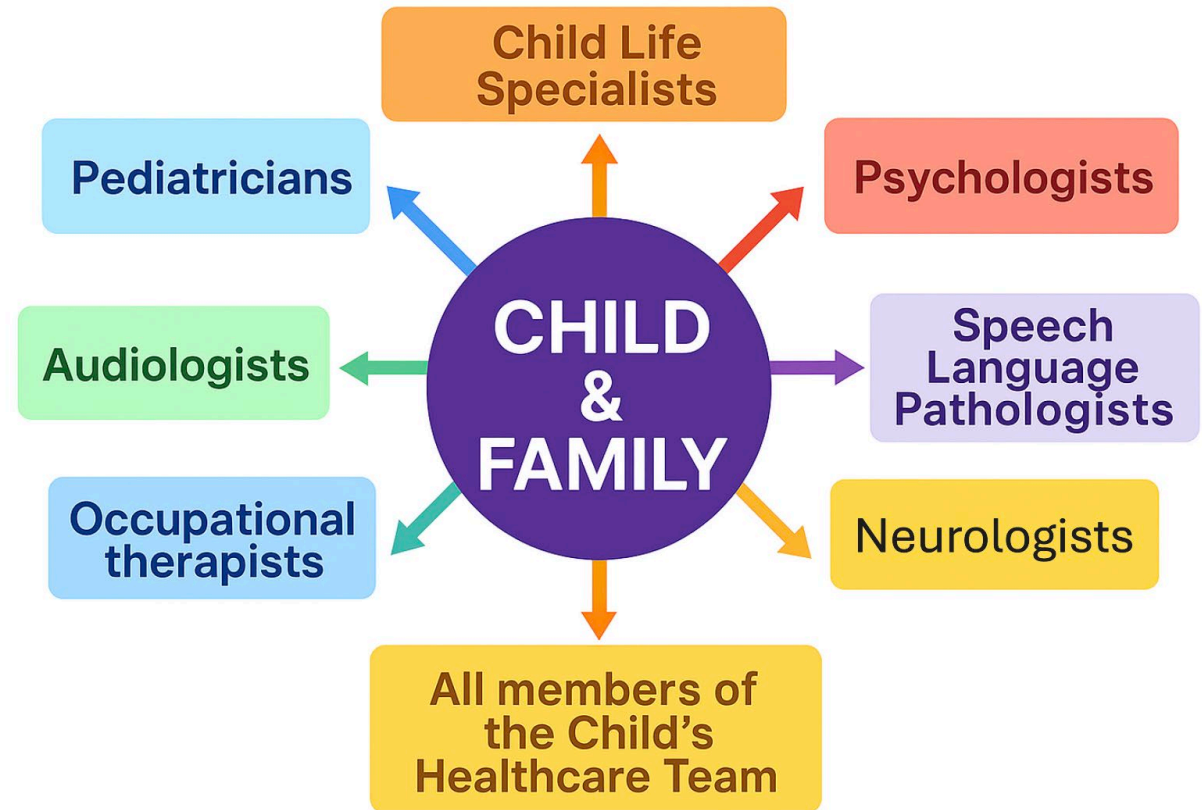
Standard Care Plan	Adaptive Care Plan
Register in waiting room	Register in waiting room (or online?)
Transition to vitals room	Bypass vitals room
Transition to exam room	Transition to exam room <ul style="list-style-type: none"> <li>• Visual Schedule, VECTA, vitals, IV placement</li> </ul>
Meet entire medical staff	Meet one staff member at a time in room
Transition to OR ↳ Anesthesia induction	Anesthesia induction in exam room, parent removes amplification when child is asleep ↳ Transition to OR
Recovery in PACU-1 & PACU-2	Recovery in PACU-1, parent present prior to child waking, parent helps place amplification on child, bypass PACU-2
Discharge home from PACU-2	Express discharge from PACU-1

An illustration of a diverse group of seven people representing an adaptive care team. In the center, a large white speech bubble contains the text 'ADAPTIVE CARE TEAM'. To the left, a male doctor in a white lab coat stands with his arms crossed. Behind him, a female nurse in teal scrubs holds a clipboard. In the foreground, a man in a green shirt has his arm around a young boy in an orange shirt. To the right, a woman in a purple shirt sits next to a man in a green shirt. In the background on the right, a woman in teal scrubs stands next to a female doctor in a white lab coat who is holding a clipboard. The style is a simple, clean line-art illustration with flat colors.

ADAPTIVE  
CARE  
TEAM

# ACT Interprofessional Collaboration

Developing ACT plans requires strong collaboration across teams to ensure families are informed, supported, and empowered.



*Graphic Courtesy of MS Copilot*



University of  
Pittsburgh®

# ACT Interprofessional Collaboration

## Audiologists

- Audiologists are often among the first specialists to identify when a child may benefit from an ACT plan
- 1 in 6 children in the US have a developmental disability (Zablotsky et al., 2019)
- 1 in 4 children seen in a pediatric audiology clinic have a diagnosed developmental disability (Bonino et al., 2025)
- 40% of children with reduced hearing have a co-occurring disability (GRI 2013)

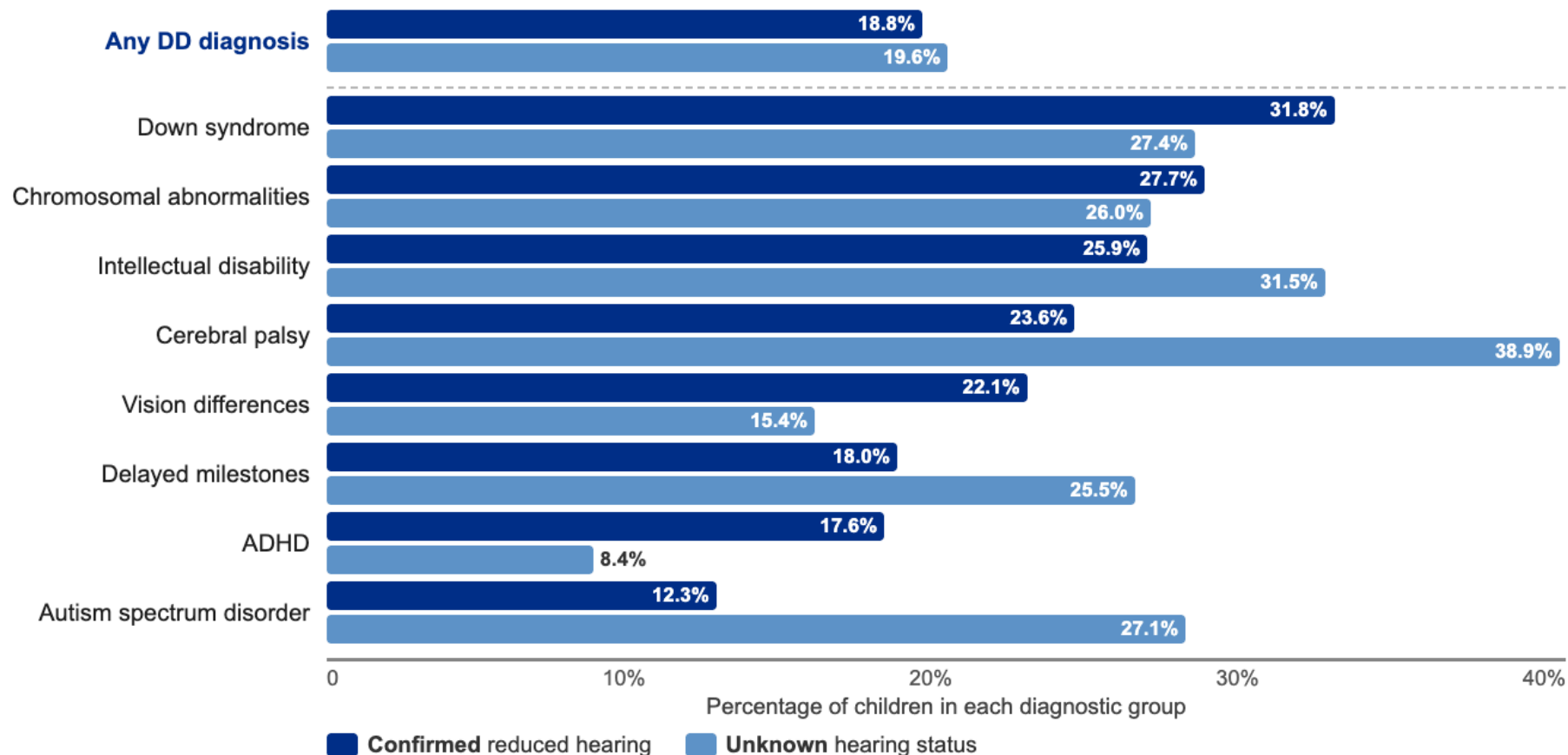


*Graphic Courtesy of MS Copilot*



University of  
Pittsburgh®

# Co-Occurrence of Hearing Loss & Developmental Disabilities



Children with developmental disabilities have a high rate of:

- reduced hearing
- unknown hearing status

(Bonino et al., 2025)

# Audiology & Child Life: Types of Collaboration

## Collaboration on ACT:

- Patient referral to Child Life to create an adaptive care plan
- Providing ACT intake form to families at an audiology appointment to complete during the appointment

## General Collaboration on Child Life Services:

- Patient referral to Child Life to explore sensory accommodations for an upcoming audiology visit (e.g., sedated ABR, imaging testing, behavioral hearing test – outpatient or inpatient)
- Awareness of Child Life Services – who, what, why & how they can support children & families

# Bringing ACT to Your Hospital

1. Determine the area of greatest need for ACT in your hospital
2. Identify key champions who can lead and support ACT integration
3. Develop a questionnaire to gather essential information from families about their child's unique needs
4. Document this information where it is most accessible to the healthcare team (e.g., EMR, emails, shared documents)



UPMC Children's Hospital of Pittsburgh & University of Pittsburgh LEND Program

# Questions?

**For more information, please contact:**

[Katie.Vellody@pitt.edu](mailto:Katie.Vellody@pitt.edu)

[Alanna.Kanawalsky@chp.edu](mailto:Alanna.Kanawalsky@chp.edu)

# References

- Bonino, A. Y., Goodwich, S. F., & Mood, D. (2025). Prevalence and Characteristics of Developmental Disabilities Among Children Who Receive Hearing Health Care. *American Journal of Audiology*, 34(1), 60–71. [https://doi.org/10.1044/2024\\_AJA-24-00118](https://doi.org/10.1044/2024_AJA-24-00118)
- Kancherla, V., Van Naarden Braun, K., & Yeargin-Allsopp, M. (2013). Childhood vision impairment, hearing loss and co-occurring autism spectrum disorder. *Disability and Health Journal*, 6(4), 333–342. <https://doi.org/10.1016/j.dhjo.2013.05.003>
- Kreicher, K. L., Weir, F. W., Nguyen, S. A., & Meyer, T. A. (2018). Characteristics and Progression of Hearing Loss in Children with Down Syndrome. *The Journal of Pediatrics*, 193, 27-33.e2. <https://doi.org/10.1016/j.jpeds.2017.09.053>
- Meeting the Needs of Children With Autism Spectrum Disorder and Their Families in Hospital Settings: The Perspectives of Certified Child Life Specialists and Nurses. (n.d.). *The Journal of Child Life Psychosocial Theory and Practice*. <https://doi.org/10.55591/001c.27703>

# References

- Rosenhall, U., Nordin, V., Sandström, M., Ahlsén, G., & Gillberg, C. (1999). Autism and Hearing Loss. *Journal of Autism and Developmental Disorders*, 29(5), 349–357. <https://doi.org/10.1023/A:1023022709710>
- Van Naarden Braun, K., Christensen, D., Doernberg, N., Schieve, L., Rice, C., Wiggins, L., Schendel, D., & Yeargin-Allsopp, M. (2015). Trends in the Prevalence of Autism Spectrum Disorder, Cerebral Palsy, Hearing Loss, Intellectual Disability, and Vision Impairment, Metropolitan Atlanta, 1991–2010. *PloS One*, 10(4), e0124120. <https://doi.org/10.1371/journal.pone.0124120>
- Verdecchia, N., Nelson, R., White, S., & Cladis, F. (2024). Pre-Admission Oral Clonidine to Reduce Severe Pre-Operative Anxiety in Pediatric Patients with Behavioral Disorders: A Case Series. *Children (Basel)*, 11(3), 264. <https://doi.org/10.3390/children11030264>
- Zablotsky, B., Black, L. I., Maenner, M. J., Schieve, L. A., Danielson, M. L., Bitsko, R. H., Blumberg, S. J., Kogan, M. D., & Boyle, C. A. (2019). Prevalence and Trends of Developmental Disabilities among Children in the United States: 2009–2017. *Pediatrics (Evanston)*, 144(4). <https://doi.org/10.1542/peds.2019-0811>