**Let’s Listen: What do Caregivers Have to Say About Reducing Their Child with Autism’s Needle Fear and Pain?**

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**Background:** Children with Autism are at greater risk for difficulty undergoing needles due to their needs, including high rates of medical-related phobias, sensory atypicalities, and communication difficulties; all of the aforementioned can lead to poor management of their needle fear and pain, making medical visits complicated and/or traumatic. Despite all these risks and available guidance for neurotypical populations, little is known about how to make needle procedures more comfortable for children with Autism. Stakeholders have yet to be included in developing clinical practice guidelines or resources for managing needle pain and fear in this population. **Objective:** To address this gap in the research, an initial needs assessment was conducted by interviewing 20 Canadian caregiver stakeholders. The in-depth and semi-structured interviews aimed to identify the modifications and additions caregivers perceive to be needed for needle fear and pain management protocols to be appropriate, actionable, and accessible for children with Autism and themselves as caregivers. Hypotheses were not generated given the exploratory nature of this work. **Methods:** Caregivers reflected on their child’s past experiences with needles and answered rating and open-ended questions about the appropriateness of different pain and fear management strategies for their child. Interviews have been transcribed verbatim and are being analyzed using descriptive statistics and inductive thematic analysis. **Results:** Data analysis is in progress as of January 2022. Preliminary findings indicate that needle procedures in Canada have been challenging for families with a child with Autism and existing practices have often not been sensitive to and inclusive of children with Autism’s needs. In line with the Conference theme, this presentation will focus on the themes identified that relate to inclusion, such as themes of individualized service delivery (e.g., no one-size fit all resource), self-advocacy (e.g., families calling ahead to advocate for child needs), and non-inclusive aspects of existing strategies (e.g., verbal distraction often being ineffective). **Implications**: It is imperative to consult with stakeholders to make needle procedures accessible and comfortable for children with Autism and their families. This study has helped to identify how existing needle fear- and pain-reducing clinical practices can be adapted and what additional practices are needed. This knowledge can ultimately help to improve the health of the Autism population by reducing their risk for painful needles, chronic needle fear, and/or healthcare avoidance.

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