

General Strategies to Help Individuals with I/DD Wear a Face Mask or Face Covering

Many individuals with I/DD do not have concerns with wearing a face mask. They can understand the importance of, and reasons for, wearing a face mask. They have seen face mask wearing being modeled by family, friends, staff, and other people that they respect and admire. This group of individuals may require some assistance from staff regarding reminders of how the face mask should be used (covering both the nose and mouth), when and where a face mask should be used, proper hygienic care, storage, and/or disposal of a face mask, and possibly physical assistance with putting the face mask on or taking it off.

Other individuals may be reluctant to wear a face mask, or may be inconsistent in their use, due to issues with unfamiliarity, not understanding the reasons for wearing a face mask, sensory issues, or other discomfort with any aspect of wearing a face mask. The following general guidance is offered for caregivers to help assist individuals with I/DD in wearing a face mask or other face covering.

These strategies are not intended to address situations in which there is a medical contraindication to the individual wearing a face mask or other face covering. If there are any concerns that an individual cannot medically tolerate a mask, please consult with their medical professional.

Getting people comfortable with a face mask or other face covering outside of a situation where it will be needed is key to helping anticipate any concerns that may occur in public places.

Introducing the topic, teaching the importance of face mask wearing and where and when this is necessary, and trying out several different face mask options may need to occur over repeated practice sessions in order to maximize learning, problem solving, and finding suitable options.

Practice sessions should be positive experiences with gentle encouragement. Modeling face mask use and allowing the person to practice in their own time may be helpful. Sessions should also include any additional recommended proper hygiene practices, such as washing hands before putting the face mask on and after taking it off and trying to avoid touching of face or mask.

Personal preferences with regard to mask styles should be taken into account. There are many factors that may interfere with a person's willingness to wear a face mask. Style, fit, texture, thickness, breathability, color, pattern, smell, being able to effectively communicate or be understood, fogging glasses, personal history, etc., may all be important factors that could affect attitudes towards wearing of face masks. Listening to concerns and careful observation of preferences may lead to the selection of a face mask or face covering that a person is willing to wear even if others are unacceptable. Be aware that face masks will expose the person to the smell of their own breath, so oral hygiene or the use of breath fresheners may need to be considered as well. Scented detergents may also be a factor.

Some individuals may simply be unfamiliar and uncomfortable wearing a face mask for longer than a few seconds or minutes. In such cases, repeated practice at putting on and wearing a face mask or other face covering for increasingly longer periods of time can be done at home to help the person get used to wearing a face mask. As part of this practice, communication between the individual and their caregiver regarding the person's comfort and tolerance for the face mask can also be addressed. Also consider and practice how the person could communicate that they want to leave a public situation if they could no longer tolerate wearing the face mask.

For some individuals, including those with autism spectrum disorder, the use of story-based intervention (such as social stories) should be considered. In addition, attention should be paid to potential sensory issues related to face mask use that may be highly specific to the person. For example, a face mask where the straps hook behind the ears may not be tolerated, but one that ties in the back of the head may be acceptable to the individual.

Saturating the environment with positive images and rehearsing scenarios that describe the person wearing a face mask and having good experiences may help normalize the practice.

Psychologists, behavioral intervention specialists, applied behavior sciences specialists and other clinicians may be helpful in this process. These professionals can provide assistance with individualized teaching and other strategies to increase success with implementing safe practices. In addition, potential resources include:

Face mask wearing & overcoming sensory issues webinar (Seaver Autism Center, Mount Sinai):

<https://www.youtube.com/watch?v=VoYgythZB-I>

Social story regarding wearing a face mask (ASERT; Autism Services, Education, Resources and Training):

<https://paautism.org/resource/wearing-mask-social-story/>

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