Helping Parents, Teachers and Others to Be Therapeutic with

Children on the Autism Spectrum

Presented by
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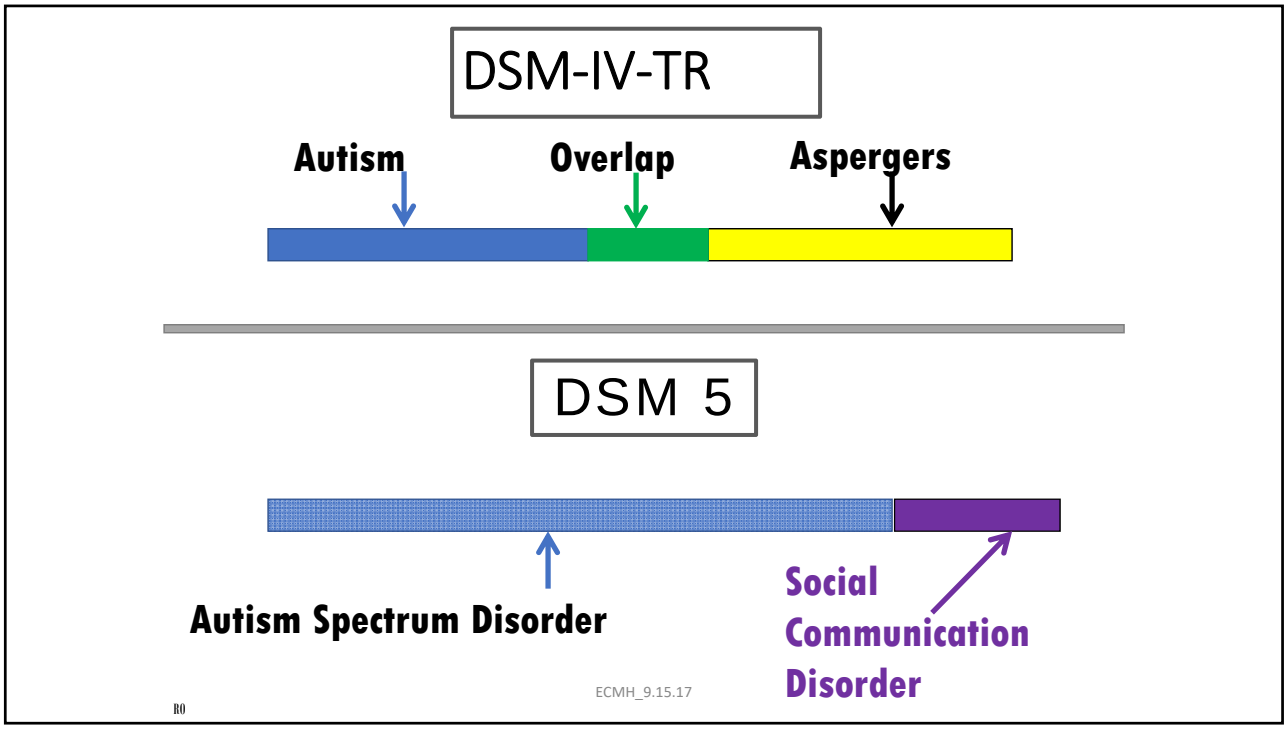
What is Autism Spectrum Disorder?

- Developmental disability that can cause significant social, communication and behavioral challenges.
- About 1 in 68 children has been identified with ASD according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network.
- ASD is reported to occur in all racial, ethnic, and socioeconomic groups.
- ASD is about 4.5 times more common among boys (1 in 42) than among girls (1 in 189).
- Life long; underlying cause is unclear; improvement of symptoms, no cure.



Diagnostic Criteria for ASD _ DSM V (*must meet criteria A, B, C and D)

A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifested by all 3 of the following, currently or by history:

1. Deficits in social-emotional reciprocity.

2. Deficits in nonverbal communicative behaviors used for social interaction.
   poorly integrated- verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.

3. Deficits in developing, maintaining and understanding relationships appropriate to developmental level (beyond those with caregivers)
   difficulties adjusting behavior to suit different social contexts; difficulties in sharing imaginative play and in making friends; apparent absence of interest in people.

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Diagnostic Criteria for ASD _ DSM V (cont.)

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history:

1. **Stereotyped or repetitive speech, motor movements, or use of objects.**
   (simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases).
2. **Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change.**
   (motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes).
3. **Highly restricted, fixated interests that are abnormal in intensity or focus.**
   (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. **Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment.**
   (apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects).

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Diagnostic Criteria for ASD _ DSM V

C. Symptoms must be present in early childhood.
(but may not become fully manifest until social demands exceed limited capacities)

D. Symptoms together limit and impair everyday functioning.

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ASD – Early Red Flags

- Babies may not point; No use of communicative or descriptive gestures
- No back-and-forth communicative exchanges (sounds, smiles, facial expressions)
- Lack of eye contact or interest in others
- Language regression OR Language Delay; NO babbling by 12 mos
- Restricted or repetitive play activities
  - May play around kids but not really with other kids
- Parents may think the child is deaf
- Self-stimulatory behaviors: lines up toys, hand flapping, obsession with certain objects

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ASD – Possible Strengths

- Visual Learners
- Good Memory
- Academics/ Rote Concepts
- Hyperlexic
- Structured/Organized

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ASD – Possible Weaknesses

- Auditory Processing
- Abstract concepts
- Reading Comprehension
- Rigidity
- Generalizing

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ASD – Assessing Outcomes

- Improvement in core symptoms is a moving target
  - Symptom regression may develop as new stressors may arise; but with typical autism no developmental regression unless something else is a contributing factor (seizures; trauma, etc.)
  - Do NOT confuse improvement with the normal developmental course of the disorder

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ASD – Diagnosis to Treatment

- Can be difficult since no medical test, no blood test, no genetic test etc.
- ASD is **diagnosed** by the individual's **behavior.**
- Developmental Screening
  - Regular well-child doctor visits at 9 mos, 19 mos, 24 or 30 mos
  - Additional screenings if at risk due to preterm birth, low birth weight or sibling with ASD
- Comprehensive Diagnostic Evaluation
  - Child Psychologist or Psychiatrist
  - Child Neurologist
  - Developmental Pediatrician

Lord C, Risi S, DiLavore P, Shulman C, Thurm A, Pickles A. , Autism from 2 to 9 years of age. Arch Gen Psychiatry. 2006 Jun; 63(6):694-701.

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Needs of Parents & Caregivers

- Diagnostic clarification
- Treatment Plan outlining clear, functional, measurable goals
- Clear direction on behavioral strategies to implement in home setting
- Re-evaluation and support throughout the developmental course of the disorder

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A few strategies to consider …

- Get child's attention BEFORE speaking to them
- Clear & concise language, so you can be easily understood and imitated
- Allow for processing time (5-10 sec.) then model correct thing to do or say
- When teaching a new skill, (1) Tell then, (2) Show, then (3) Help.
- When playing with child, (1)
- Clarity & Predictability … Use visuals!!
  - Visual schedules, behavior charts, token economies, social stories etc.

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Social-Emotional Development in Early Childhood

- Social-emotional development is one of the most important areas of child development as it encompasses many different areas – cognition, play skills, language skills.
- Many studies have shown that the social deficits in children with Autism is the primary cause of deficits in imitation and attention – which affects their ability to engage in appropriate play, joint attention and learn language (Ingersoll, 2008).
- The state of California has tasked Early Start providers with focusing on making gains in social-emotional development as that is the area of development that makes the least progress currently in Early Start programs.
- How do providers and families bridge this gap and make gains in this area? By focusing on core behaviors (eye contact, face to face interactions, simple communication skills, making engaging with another person a positive, fun experience).
- For parents with children with developmental delays or Autism, they often (unconsciously) begin to interact less with their children because the children do not respond to attempts for social interaction (Rogers and Dawson, 2010).

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Early Social-Emotional Skills in Childhood

- Ability to attend to people and objects
- Eye contact
- Joint attention
- Response to Name
- Environmental Awareness
- Ability to imitate
- Make believe play
- Basic functional communication – verbal and non-verbal

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What Can Impede Early Social-Emotional Skills in Childhood

- Lack of stimulation in environment
- Lack of interest in caretakers/familiar people
- Lack of interest/awareness in environment
- Atypical interest in objects – prefer watching objects as opposed to caretakers/familiar people
- Maladaptive behaviors – observed and reported that are atypical in frequency, intensity, or duration

How do we address these issues? With good Early Start Intervention with a family-focused treatment plan.

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What are Early Start Programs?

- These services are funded by the federal government and noted as "Early Start" in the state of California
- Purpose is to identify children exhibiting or at-risk for developmental delays and provide appropriate services in order to bridge the delays and get them closer to or at age-level functioning before their 3rd birthday
- Services can include behavioral therapy, speech therapy, occupational therapy, physical therapy, nursing services, family training, psychological services, and audiology and vision screening
- "Like all services provided through RCOC, the focus is on what we call "self determination" – placing the family at the center of planning and decision-making, respecting individual values, lifestyle, language and culture." - RCOC website 8/11/2014

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Who is Referred for Early Start Services?

- Children from birth to 36 months of age
- Children with known conditions that affect development (Angelman Syndrome, Down Syndrome, Cerebral Palsy, etc.). These clients are referred between 0-6 months of age and can begin services immediately
- Children who have a sibling diagnosed with Autism
- Children who have high-risk markers such a premature birth, drug exposure during the neonatal period, etc.
- Children between the ages of 18-23 months are typically referred because of reported concerns via parent, pediatrician, preschools, etc.

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What is Good Early Start Intervention?

- As stated previously, the goal of the Early Start programs is to get children as close to or at typical development by 3 years of age
- For children starting the program without a known condition, delays could be attributed to a specific condition or to a lack of exposure.
- Regardless of whether the child has a known condition or not, the focus should still be on teaching the family how to create a learning rich environment for young children

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What can parents do outside of Early Start services?

- Create learning rich environments that incorporate:
  - Songs
  - Movement
  - Cause and effect, functional, pretend, symbolic and socio-dramatic play depending on developmental level
  - Frequent opportunities to engage in manding, tacting, and intraverbals and exposure to language – language rich environments.
  - Goals, opportunities are incorporated into natural routines throughout the day to increase likelihood of maintenance and generalization outside of session

The most important thing is to do a sustainable activity in the natural environment that supports interactions with the child. That way both the children and parents are reinforced with the child's responses and interactions and are likely to continue it in the future.

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Bath Time Routine

- **Object Words**
  - Tub, water, bubbles, soap, towel, boat, ball
- **Action Words**
  - Wash, blow, pop, dry
- **Concept Words**
  - In, out, wet, clean, all done, empty
- **Activities**
  - Splashing water (GMI, joint attention, response to name, manding), washing baby (object imitation, pretend play imitation, joint attention, manding, 1-step directions), blowing bubbles (joint attention, response to name, manding, 1-step directions), soap play (object imitation, joint attention, response to name, 1-step directions) and the list goes on!

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Play!!!!

- **Object Words**
  - Train, tunnel, sign, tree, rocks, bridge
- **Action Words**
  - Go, stop, up, down
- **Concept Words**
  - Under, on top, fast, slow, aboard
- **Activities**
  - Pushing train up the track (object imitation, pretend play, joint attention, response to name, manding), Loading train (object imitation, pretend play imitation, joint attention, manding, 1-step directions), Driving train (joint attention, response to name, manding, 1-step directions, object imitation, pretend play imitation), and the list goes on!

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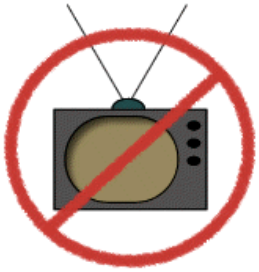
Items That Do Not Support Social-Emotional Development:



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Improving the Parent-Child Relationship

- Interact with your child positively and often
- Make a point to engage in quality family time
  - Put your phone away until after the child goes to sleep
  - Make mealtimes a time for social interaction as a family
  - Employ shared control – allow the child to choose the adult-directed activity when possible
  - Sit down and play with your child – even for 10 minutes
  - Make reading part of a routine
  - Give them time to explore outside – allow them to take you for a walk
- Ensure you create boundaries for your child and stick to them

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Behavioral Considerations

- Often the child we work with engage in atypical maladaptive behaviors that are difficult for parents to deal with.
- However, there are proved strategies that help reduce the likelihood that these behaviors will occur:
  - Do not ask too much or too little of the child
  - Be prepared
  - Prime them
  - Tell them what to do instead of what not to do
  - Offer a limited amount of choices
  - Use the Premack Principal – First… Then…
  - Pay more attention to good behavior than "bad" behavior
  - Respond to them with a calm, neutral manner

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Behavioral Considerations

- However, when behaviors do occur it is important to remember:
  - Do not bribe the child - e.g. "If you calm down, I will give you a cookie"
  - Make sure that you follow through when you say no or ask them to do things
  - Do not give "bad" behaviors big reactions
  - Wait it out
  - Ignore the behavior until the child is calm (when safe to do so)
  - Redirect the behavior

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DISCUSSION
&
QUESTIONS

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