

Autism 101

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1. Clinical Presentation of ASD



Autistic Spectrum Disorders (ASD) Overview

- Neurodevelopmental disorder of unknown etiology
- Strong genetic basis
- Behaviors present by 36 months of age
- Behavioral phenotype characterized by persistent deficits as follows:
 1. Persistent social communication and social interaction **AND**
 2. Restricted and repetitive patterns of behavior

(DSM-5, 2013)
(Diccico-Bloom, Lord, et al, 2006)

DSM-V Diagnostic Criteria for Autism Spectrum Disorder

Persistent deficits in social communication and social interaction in multiple contexts:

1. Deficits in social-emotional reciprocity
2. Deficits in nonverbal communicative behaviors used for social interaction
3. Deficits in developing, maintaining, and understanding relationships
 - Difficulties adjusting behavior to suit various social contexts
 - Difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

DSM-V Diagnostic Criteria for Autism Spectrum Disorder

Restricted, repetitive patterns of behavior, interests, or activities:

1. Stereotyped or repetitive motor movements, use of objects, or speech
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns, or verbal nonverbal
3. Highly restricted, fixated interests that are abnormal in intensity or focus
4. Hyper- or hypo-activity to sensory input or unusual interest in sensory symptoms.

DSM-5 : Severity of Symptoms

Severity Level for ASD	Social Communication	Restricted Interests & Repetitive Behaviors
Level 1: Requiring Support	<ul style="list-style-type: none"> Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions 	<ul style="list-style-type: none"> Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.
Level 2: Requiring Substantial Support	<ul style="list-style-type: none"> Marked deficits in verbal and nonverbal social communication skills; Social impairments apparent even with supports in place Limited initiation of social interactions; and reduced or abnormal responses to social overtures from others 	<ul style="list-style-type: none"> Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors Behaviors are obvious to the observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 3: Requiring Very Substantial Support	<ul style="list-style-type: none"> Severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning Very limited initiation of social interactions, and minimal response to social overtures from others. 	<ul style="list-style-type: none"> Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors Behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.

Clinical Symptoms of Autism *DSM-V*

- Deficits in Social Communication
 - Deficits in social reciprocity
 - Limited eye contact
 - Impairment in joint attention
 - Impaired nonverbal communication
- Restricted, Repetitive Patterns of Behavior
 - Repetitive motor movements
 - Inflexible adherence to routines
 - Highly restricted, fixated interests
- Atypical Sensory Profile



Social



**Play/
Behavior**

Baron-Cohen, 2004

A snapshot into the world of a child
with ASD



A snapshot of a child with high functioning ASD



Management of Children with ASD

Developmental / Behavioral Therapies

- Speech Therapy; Occupational Therapy
- ABA
- Social skills training

Medication management for target symptoms

- ADHD
- Aggression
- Sleep

Education Interventions

- Interventions specific for ASD: 25 hrs/ wk, 12 mo. / year
- Special Education services under the qualification of Autism / OHI

PEDIATRICS, Volume 120, Number 5, November 2007

Goals of Therapy

Minimize Negative Symptoms

- Sensory Symptoms
- Difficult/ Rigid Behaviors
- Difficulties with emotional regulation

Promote Skill Acquisition

- Communication skills
- Social skills
- Play skills
- Cognitive skills



Individualize for the child's strengths and weaknesses

Speech Therapy

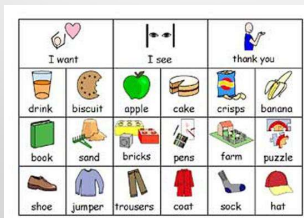
Speech and Language Therapy

- Address receptive/ expressive language
- Social Pragmatics
- Volume, prosody, fluency

Total Communication Interventions

- Sign language
- Picture Exchange Communication System

PECS Boards:



Occupational / Physical Therapy

- Address Fine/ Gross motor delay
- Sensory integration disorder
- Developmental Coordination Disorder



Behavioral Therapy: Applied Behavior Analysis

Uses positive reinforcement to encourage social and communicative behaviors

Breaks tasks down into small steps

- Making eye contact when name is called
- Pointing to indicate a request, joint attention
- Trying a new food

Sets goals and assesses progress regularly

Should involve the family – either home-based or center-based education

Regression Prevention

ABA in a Nutshell

WHAT IS ABA?

SIMPLY STATED...

REINFORCEMENT FOR POSITIVE

CONSEQUENCE FOR NEGATIVE

PROMPTING TO HELP YOU DO IT BY YOURSELF

SYSTEMATIC SO YOU DON'T GET STUCK

LEARNING SMALL THINGS LEADS TO BIG THINGS!



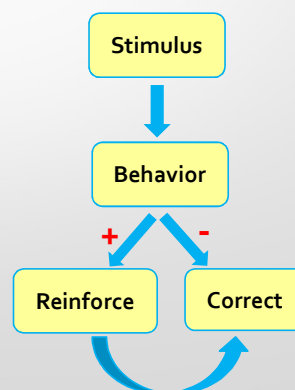
ABA Approaches

Goal of ABA:

- Increase socially appropriate behavior
- ↑ Social communication)
- Decrease challenging behaviors (↓RRB)

Basic principles/approaches:

- Reinforcement,
- Modeling,
- Prompting,
- Response interruption/redirection
- Extinction



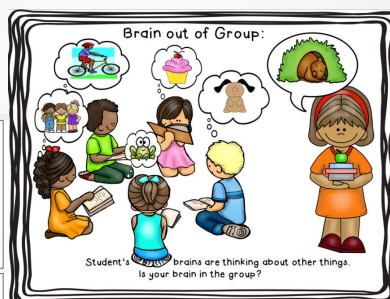
Parent Coaching

- Initiating, responding to, and sustaining play interactions
- Making requests, answering questions, having conversations
- Using body language to communicate needs and interests
- Understanding emotions and what to do about them
- Social attention, imitation, perspective taking
- Taking turns, following someone else's agenda/plan
- Building flexibility, not getting "stuck"
- Recognizing that rigid/repetitive behavior are an attempt to self-soothe or create a predictable world, increase under stress.

Social Skills Training

- Peer-mediated interventions
- Social Thinking®
- Social Stories

<p>Sometimes I feel frustrated or upset.</p> 	<p>It's OK to feel frustrated but I need to stop and calm down.</p> 
<p>My work doesn't need to be perfect. I just need to try my best.</p> 	<p>When I am frustrated or upset I can tell Mrs. Ashley or Mrs. Holbrook and they can</p> 



Fostering Emotional Regulation

- Zones of Regulation

The **ZONES** of Regulation®

BLUE ZONE Sad Sick Tired Bored Moving Slowly	GREEN ZONE Happy Calm Feeling Okay Focused Ready to Learn	YELLOW ZONE Frustrated Worried Silly/Wiggly Excited Loss of Some Control	RED ZONE Mad/Angry Mean Terrified Yelling/Hitting Out of Control

- Incredible 5 point scale

5		Angry I've lost control. I'm not listening anymore. I could hit, kick or bite. I need a quiet place to calm down.
4		Overwhelmed Everything is too hard. I'm losing control and need to leave the environment I'm in. Give me space.
3		Frustrated I'm not getting it. I'm showing signs of stress. I should take a break now.
2		Anxious Trying to stay focused, but having a hard time staying on task. Use calming strategies now.
1		Happy Ready and willing to Work.

Other Management

Medication

- Used to address co-morbid conditions
- Tenex/Risperdone for unsafe behaviors
- SSRIs for anxiety or compulsive behaviors
- Stimulants for executive functioning./ hyperactivity

Biological therapies (limited research/evidence)

- Restricted diets
- Nutritional supplements and vitamins
- Omega supplement

The Educational Management of ASD



3-21 yo : Special Education Division of the Public Schools



- IDEA Part B, requires that states provide a free appropriate public education in the least restrictive environment for children with disabilities ages 3 through 21;
- Section 504 of the Rehabilitation Act requires that schools make “reasonable accommodations” to ensure that children are not denied a “free and appropriate public education because of a disability”

IDEA: Individuals with Disabilities Education Act

6 Principles of IDEA

1. Free and appropriate public education
2. Appropriate Evaluation
3. Individualized Education Program
4. Least Restrictive Environment
5. Parent and student participation in decision-making
6. Procedural safeguards



IEP-101: Getting the process started

- Parent or professional can refer
- Request 'evaluation for special education services' in WRITING
- Parents must sign consent
- Evaluation completed within 30 school days of consent



IEP-101: Evaluation

- MUST include:
 - Educational history
 - Specialist assessments
- MAY include:
 - Intelligence and achievement testing
 - Medical exam
 - Family history
 - Home, pre-school, or community visit



IEP-101: Content of an IEP

- Individualized Education Plan
- Parent and Teacher Concerns
- Students' current performance and strengths
- Goals and benchmarks
- Services, structure of day, transportation
- Plan for evaluation
 - Annual review of IEP
 - Full re-evaluation every 3 years



Services Provided on an IEP

- Special education services in Least Restrictive Environment
- Speech/language therapy
- Occupational therapy
- Psychological services/ counseling/ social skills
- Mobility Services (wheelchair ramp, elevator)
- Assistive Technology (facilitated communication, keyboarding)
- Transportation
- In-home Training Services
- Extended School Year (ESY)



504 Plan: School Accommodations

- Section 504 of the Rehabilitation Act of 1973
 - A student is “handicapped” if s/he has a physical or mental impairment that substantially limits one or more major activity
- “Special Education”: IDEA Requires that all children with disabilities receive a “free, appropriate education” that meets their needs



IEP Components for children with autism spectrum disorders



School Accommodations

Accommodations

- Use of visual supports/schedules
- Sensory accommodations
- Priming, prompting
- Self-management strategies

Goals:

- Address short attention span
- Increase engagement with teaching or group activities
- Promote task independence
- Decrease disruptive or stimulating behaviors



Lunch Rules

- We use walking feet.
- We sit on our bottoms.
- We face the table.
- We use good table manners.
- We talk quietly to our neighbors.

Courtesy of Pflugerville ISD Pre-K Teachers

Sensory Accommodations for the Classroom



Promoting Task Independence: Self-Management

I Will Remember To:

- Put my hand up
- Work quietly
- Remain seated

<http://specialistabout.com>

Daily Goal Report:

Date: _____ Name: _____

Time	Behavior	Schoolwork
Morning Bell to Recess		
Recess to Lunch		
Lunch to Recess		
Recess to Home Bell		

Behavior Goals: _____
 Schoolwork Goals: _____

<http://specialistabout.com>

Green Choices	Red Choices

Communicating with Teachers

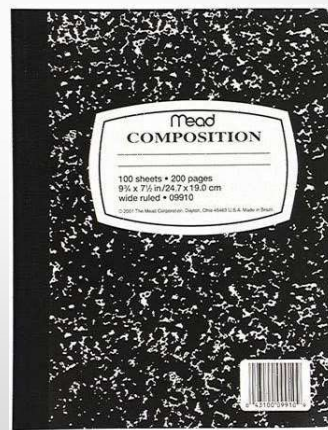
Daily Report

Monday Tuesday Wednesday Thursday Friday

Student: _____ Date: _____

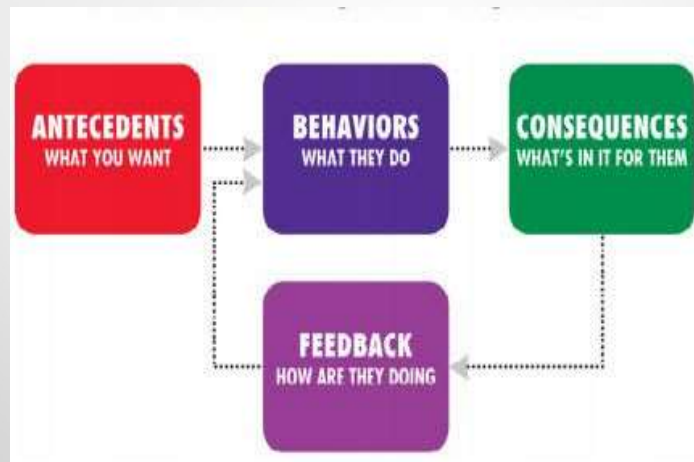
Class	Respond with appropriate voice & actions at proper time	Refrain from excessive talking	Respectful to staff & interact appropriately	Respectful to peers & interact appropriately	Teacher Signature
Core Plus					
Science					
Math					
Elective #1					
Elective #2					
Language Arts					
Social Studies					

4. Excellent
 3. 2 or 3 ratings
 2. 1 or 2 ratings
 1. 0 or 1 ratings
 0. Extremely poor performance



Approaches for Disruptive Behavior

Functional Behavioral Analysis



Summing Up

Build skills in deficit areas:

- Communication
- Social/play
- Behavior/emotions
- Academics/independence

Parents need help building confidence and skills to implement approaches at home, since this greatly improves outcomes.

Thank you!
Any Questions???



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