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Understanding Autism

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Overview

- **What is Autism**
 - New DSM-5; changes to diagnosis
 - Potential causes
- **Communication strategies**
- **Managing difficult behaviors**
- **Effective programming**
- **Helpful supports**

What is Autism?

- A neuro-developmental disorder characterized by challenges in:
 - social interaction
 - communication
 - the existence of stereotyped and/or repetitive behavior, interests and activities

Prevalence of ASD

- **1 in 68 children**
 - fastest growing developmental disability
 - most common of developmental disability among children in the US
- **Boys are nearly five times more likely than girls to have autism**
 - 1 in 42 boys
 - 1 in 189 girls
- **Increased risk among siblings**

DSM-5 Changes

- DSM-5 published in May 2013
- Changed from Pervasive Developmental Disorders to Autism Spectrum Disorder
- Drops sub-threshold diagnoses
 - No more Autistic disorder, Asperger's Syndrome, Pervasive Developmental Disorder-Not otherwise specified

DSM-5

Rationale for the change

- a scientific consensus separate disorders are actually a single condition with different levels of severity
- the old way isn't precise enough
- autism is defined by a common set of behaviors and it should be characterized by a single name according to severity

Specific Changes

- new criteria are more thorough and strict compared to the old criteria
- more symptoms are needed to meet criteria within the area of fixated interests and repetitive behaviors
- the Communication and Social Interaction domains are combined into one, titled “Social/Communication Deficits”
- requirement of a delay in language development is no longer necessary for a diagnosis

Autism Spectrum Disorder

- 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 manifest by all three of the following:
 1. Deficits in social-emotional reciprocity; ranging from abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect and response to total lack of initiation of social interaction,
 2. Deficits in nonverbal communicative behaviors used for social interaction; ranging from 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 and maintaining relationships, appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people

Autism Spectrum Disorder

- B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:
 1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as 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; (such as 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; (such as 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).

Autism Spectrum Disorder

- 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

Autism Spectrum Disorder

- **severity classifiers (Levels 1-3) based on amount of support required**
 - Level 1: “requiring support”
 - Level 2: “requiring substantial support”
 - Level 3: “requiring very substantial support”

***see handout**

Causes

- There is no ONE cause of autism just as there is no ONE type of autism.
- Most causes of autism appear to be a combination of autism risk genes and environmental factors influencing early brain development.
- Over the last five years
 - Identified a number of rare gene changes, or mutations, associated with autism
 - A small number of these are sufficient to cause autism by themselves

Causes

- Non-genetic/”environmental” stresses increases child's risk of autism
 - Events before and after birth
 - Advanced parental age (both mom and dad)
 - Maternal illness during pregnancy
 - Difficulties during birth (periods of oxygen deprivation to the baby’s brain)
- * These factors, by themselves, do not cause autism. Rather, in combination with genetic risk factors, they appear to increase risk.

Communication Strategies

Effective Communication

- **get on the individual's level**
- **establish attention**
- **prepare the individual for what you are going to communicate**
- **use gestures & body language meaningfully/purposefully**
- **support your communication visually**

Effective Communication

- **speak slowly & clearly**
- **limit verbalizations**
 - use concise language
 - match to student
 - especially during escalation
- **include “wait time”/allow for processing**
- **guide or prompt, as needed**
- **avoiding socially challenging language (figures of speech, irony, etc.)**

Responding to Perseveration

- Individuals with ASD often repeat the same thing over and over again, particularly as stress increases
- Avoid answering the same thing over again or raising your voice or pointing out that the question/behavior is being repeated
- Try to redirect individual's attention
- Encourage the individual to write down the question or thought and provide a response in writing

Managing Difficult Behaviors

A Note on Behavior

- All behavior is a form of communication and serves a function
- Most common functions of behavior are:
 - Attention
 - Gain access
 - Avoid OR escape
 - Automatic

Managing Difficult Behavior

- Reduce stimulation
- Do not attempt to verbally de-escalated
- Use visuals and concise verbal directives to convey expectations
- Do not attempt to process in the moment
- Allow sufficient wait time between directions and expected response without additional input
- Maintain neutral facial expression/body language
- Offer reinforcement once child begins to comply with expectations

Important Supports for Individuals with ASD

- Extra processing time
- Clear, concise instructions
- Information presented in multiple formats
- Consistent schedule/ routines with a way to introduce, handle unexpected changes
- Feedback about inappropriate behavior
- Social supports, including instruction, modeling, social scripting rehearsal
- Avoiding socially challenging language (figures of speech, irony, etc.)

Elements of effective programs

- Highly structured, skill-oriented
- Tailored to the individual
- Use motivational & reinforcement systems
- Structured, organized environments
- Consistent & intensive
- Learning should occur in multiple settings
- Include specific strategies for communication & sensory deficits

National Standard Project

- <http://www.nationalautismcenter.org/national-standards-project/>
- This project is designed to give educators, parents, practitioners, and organizations the information and resources they need to make informed choices about effective interventions that will offer children and adults on the spectrum the greatest hope for their future.

National Standard Project

14 Established Evidence Based Interventions

- Behavioral Interventions
- Cognitive Behavioral Intervention Package
- Comprehensive Behavioral Treatment for Young Children
- Language Training
- Modeling
- Natural Teaching Strategies
- Parent Training
- Peer Training Package
- Pivotal Response Training
- Schedules
- Scripting
- Self-management
- Social Skills Package
- Story-based Intervention

Local Support Resources

- Vermont Family Network (802-876-5315)
- <http://www.vermontfamilynetwork.org/resources>
 - Advocacy resources
 - Community resources
 - Training and workshop resources
 - Etc.

Questions?