



Supporting Individuals with ASD

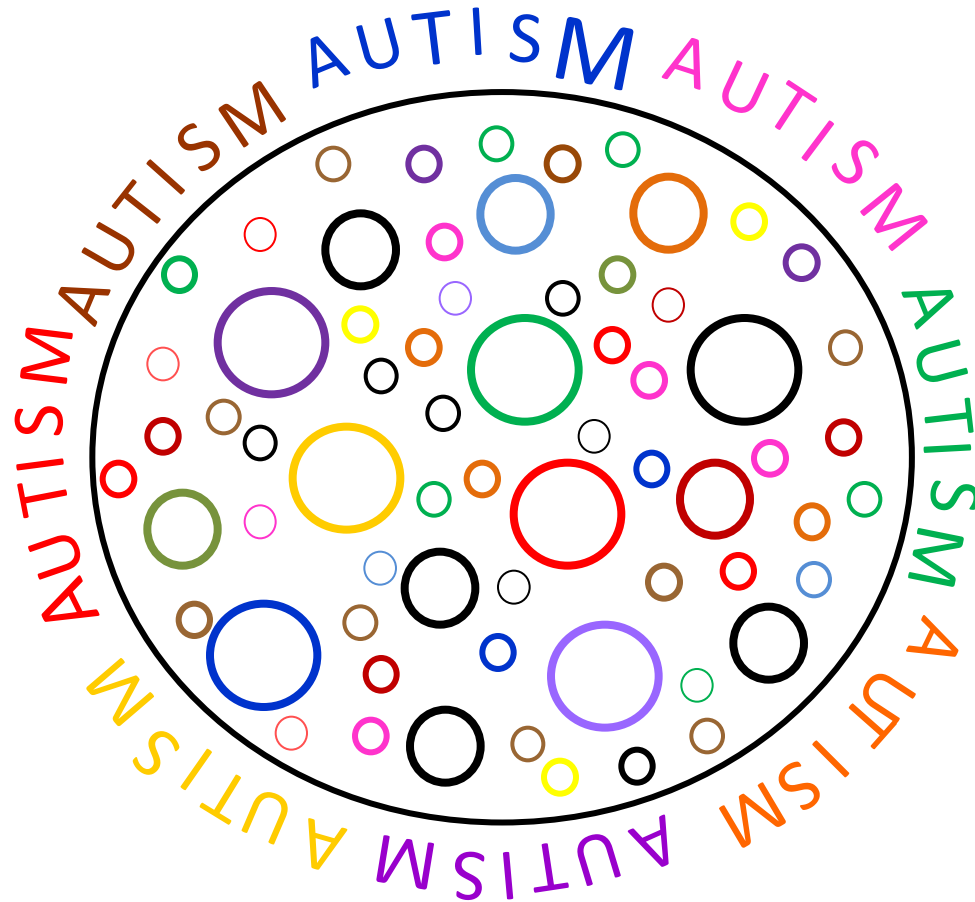
Susan Smith

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Woodward Resource Center

Iowa's Technical Assistance and Behavior Supports

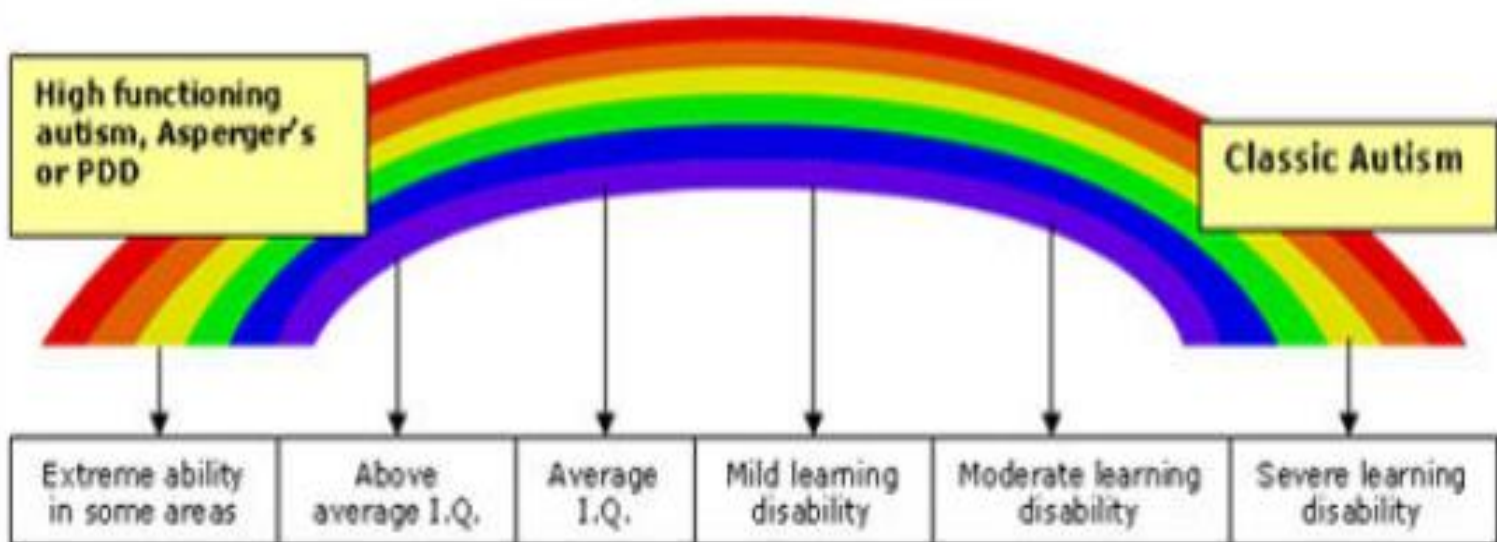
Autism Spectrum Disorders

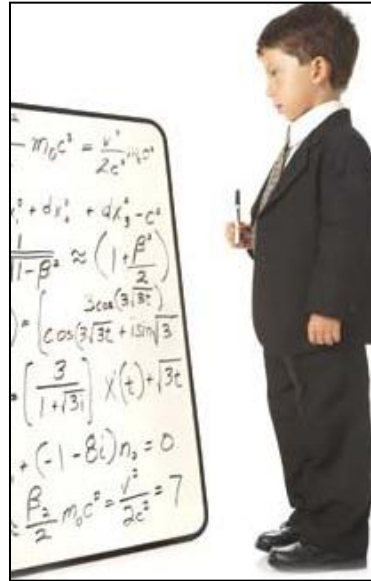


No two people have identical symptoms/needs!

Autistic Spectrum Conditions

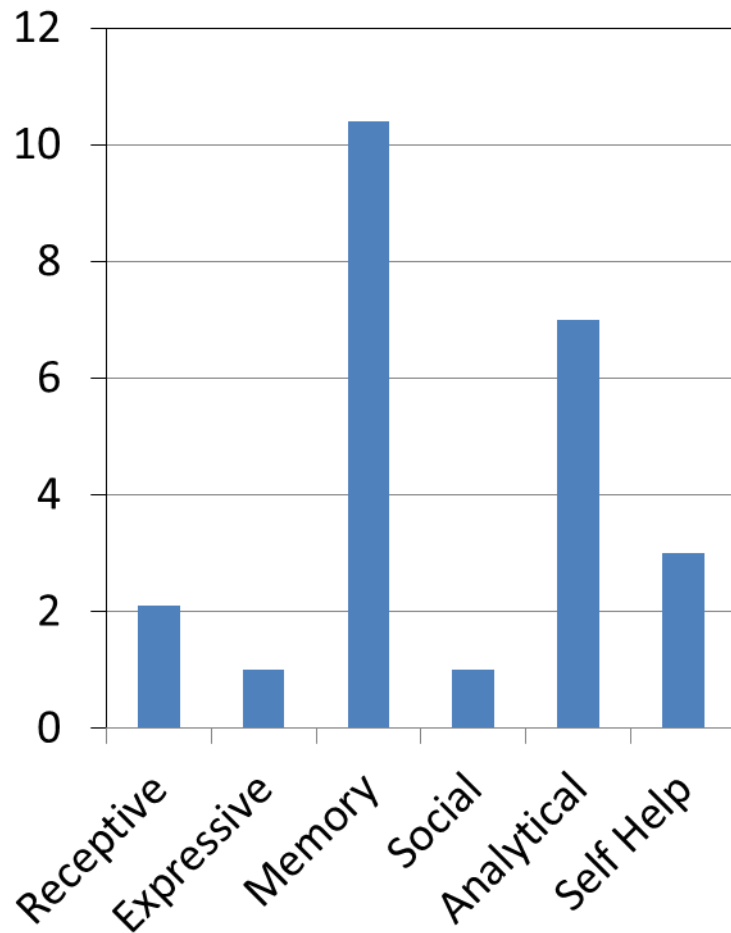
cornwall



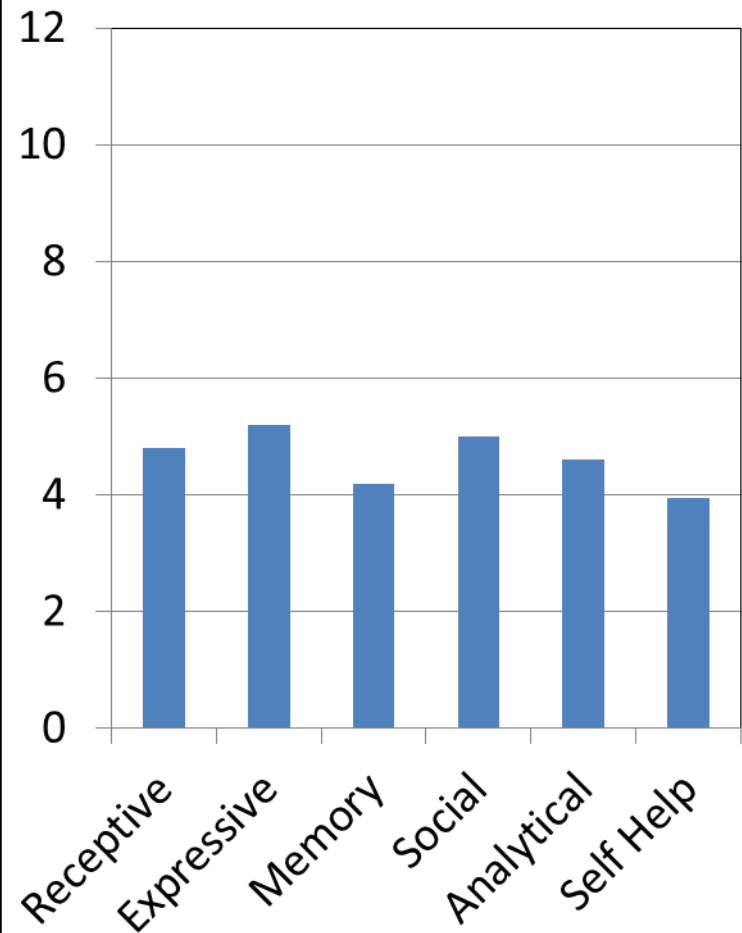


Scattering of Skills

ASD



ID



Be aware of Existing Critical Supports

Behavior Support Plan

Behavior:

Precursor Behavior:

Do this to avoid problems:

Do this when precursor behaviors occur:

Do this when (behavior) occurs:





Hyper and/or Hypo sensitive to sensory experiences

- Touch may be aversive
- Specific sounds may be painful – fire drills, hand dryers, toilets flushing, coughing, chewing, etc.
- Crowded rooms may be too overwhelming
- Diet may be self-limited; specific textures, tastes, etc.
- May be sensitive to fluorescent lights
- Senses may seem mixed: cover ears in bright lights
- Etc., etc., etc.,

- When possible, avoid touching the individual unless he/she has indicated he/she is comfortable with touch.
- Doing so may result in agitation or even aggression.
 - Always tell him/her BEFORE touching them.

Sensory Issues

- **Tactile:** Clothing, band-aids or other adhesive products could increase anxiety and aggression.
- **Auditory:** avoid sirens, if possible.
Background noise may not be filtered.
- **Visual:** fluorescent lighting
- **Positioning:** reclined (feet off the ground) may be distressful

Range of Sensations

- “...may not have a normal range of sensations
- ...may not feel the cold, heat or pain in typical manner
- ...may fail to acknowledge pain in spite of significant pathology being present
- ...may show an unusual pain response, e.g. laughter, humming, singing, removal of clothing.”

Joint Attention / Gestures

- Impaired Joint Attention:
- showing or bringing objects to share interests with others
- Functional Gestures:
 - E.g. Pointing, waving “bye-bye”, etc.
 - individuals may learn a few, but their repertoire is smaller than that of others
 - failure to follow someone’s pointing or eye gaze

Self-Stimulatory Behavior

Repetitive Motions and/or Sounds

- E.g. hand flapping, finger flicking, eye blinking, string twirling, rocking, pacing, making repetitive noises or saying repetitive phrases that have no bearing on the topic of conversation
- May signal distress; used for “self-regulation”.
- **Unless presenting danger-don't interfere it!**
- Stopping it may increase their anxiety and result in aggressive behavior.





- Idiosyncratic
- Closure
- The “principle of the matter” rather than effectiveness
 - “essential coherence” vs “functional coherence”

Excessive adherence to routines and restricted patterns of behavior:

Resistance to change

- Distress at apparently small changes
- Insistence on adherence to **rules**
- Rigidity of thinking
 - Can impair mental wellness

Ritualized patterns of verbal or nonverbal behavior

- Repetitive questioning
- Pacing a perimeter

Excessive adherence to routines and restricted patterns of behavior:

High restricted, fixated interests which are abnormal in intensity or focus

- A toddler strongly attached to a pan
- Child preoccupied with vacuum cleaners
 - Or, Office supplies
- An adult spending hours writing out timetables **[or stalking a victim]**

DSM-5, 2013

Pornography

- “...particularly vulnerable to pornography addiction due to their obsessive compulsive tendencies, perseverative behavior and social isolation.”
- “...compulsively surf the internet and are often drawn into hard core pornography sites due to their sexual curiosity and lack of real life experiences.”
- “[unusual/inappropriate behavior] will cause more isolation and prevent development of healthy engagement with others.

Intimate Relationships and Sexual Health:

**A Curriculum for Teaching Adolescents/Adults
With High-Functioning Autism Spectrum Disorders
and Other Social Challenges**

Catherine Davies, MEd, MEd, CPsych, & Melissa Dubie, MEd

Foreword by Gary S. Mesibov, PhD

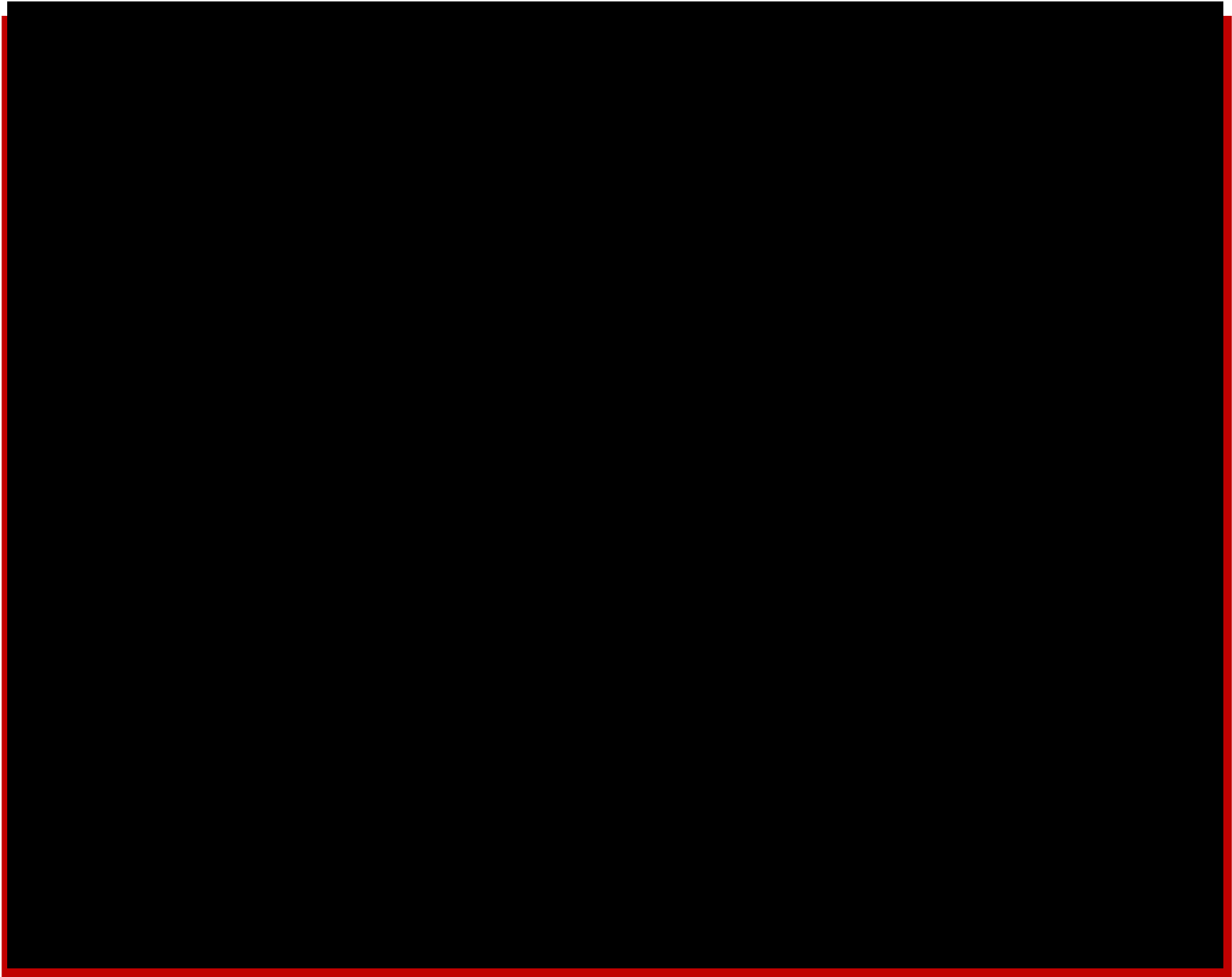


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Assessment of Sexual Behavior

Gary Mesibov: University of North Carolina

The description and analysis of the person's sexual needs, behavior, and problems should be a natural part of the assessment procedure, just like other developmental and behavior areas.

Sexual Orientation, Gender Identity and Asperger/Autism

Individuals on the Autism spectrum tend to be less influenced by or responsive to societal expectations or constraints. In many ways this individuality and “marching to a different drummer” leads to greater challenges fitting in socially and in the workplace; in other ways this out of the box thinking and behavior leads those on the spectrum to become some of our greatest thinkers, innovators and creators.

Less constrained by the strong societal messages and more inclined to be oneself, individuals with Asperger/Autism may more readily identify as Transgender than their non-autistic counterparts who may be more susceptible to strong societal messages about remaining their gender assigned at birth.

Epilepsy / Seizure Disorders

“30% - 40% of individuals with autism will develop epilepsy or some other seizure disorder during adolescence.”

ASDF

Avoid use of sirens and flashing lights, as possible.

Many have psychiatric disorders that are not part of ASD

- 70% have one comorbid mental disorder
- 40% may have two or more comorbid mental disorders

DSM-5, 2013

“Not infrequently, adults with hfASDs are misdiagnosed with cluster A Personality Disorders, in part because clinicians are more familiar with these constructs.”

Haskins & Silva, 2006

Communication

The person may be unable to communicate with words, especially if under stressful conditions.

- Don't assume that because they don't answer they cannot hear what you're saying.
- Use simple sentences.
- Give ample time for response.

Communication

The person may:

- Respond “yes” or “no” to all questions
- Not understand pronouns, reversing them, e.g. “You wants snack.”
- Ask same question, repeatedly
 - As always, effective intervention depends on how well it is matched to function of behavior
- Not speak at typical volume

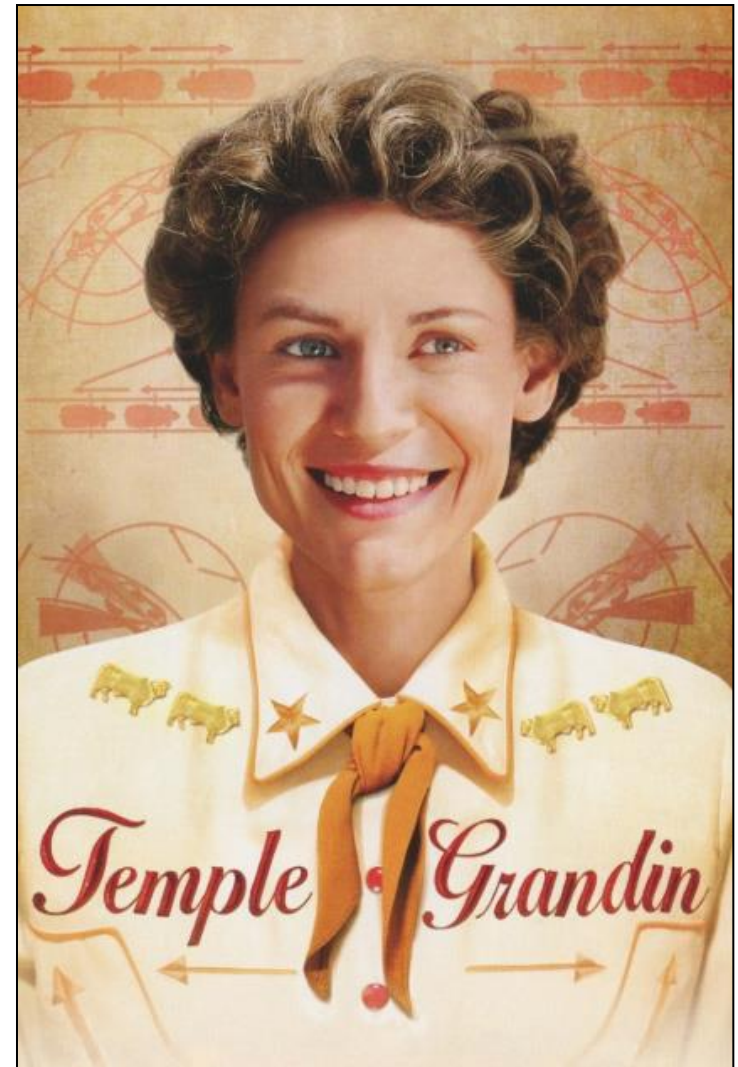
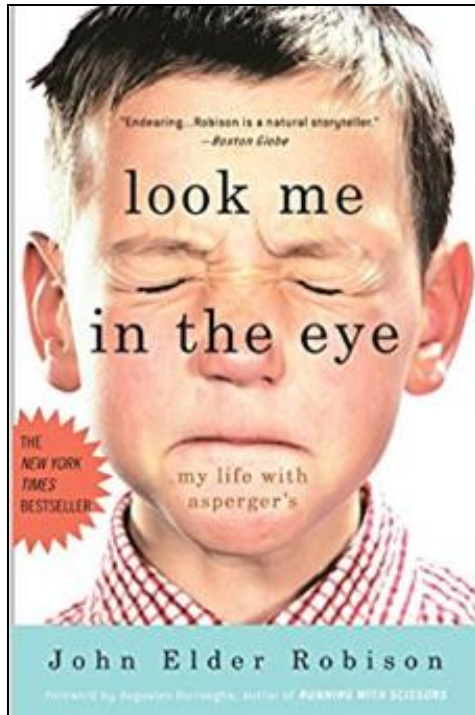
Echolalia

- Echolalia is a often present.
 - Immediate
 - Delayed
 - e.g. scripting from movies
- Identify the function and teach new skills.

Communication

The person may:

- May be bluntly honest [rudeness]
 - Don't take it personally!
 - Respond therapeutically!



"Julia"

Your Communication

- If the person has impairments in his/her “receptive language” it may be especially critical that your facial expression, body stance and voice tone convey safety and acceptance.
- Avoid gestures that may be interpreted as threatening.

Your Communication

- Use brief, succinct vocalizations; 1-step directions
- Literal language
- Direct nouns vs. Pronouns
- Avoid relational terms, e.g. “home”



- “...physicians often prescribe antipsychotics to help manage behavioral problems in children with autism — perhaps as a first instead of a last resort.
- Other studies also indicate that many children with autism who take antipsychotic medications are not first offered safer options, such as [behavioral therapy](#).
- “...children with autism are at DOUBLE the risk of hospitalization after being prescribed antipsychotic drugs.”

- used administrative claims database from large US commercial health plan

Characteristic	Total ASD Subjects (n = 33 565) (N [%])	Proportion of ASD Subjects With Any Psychotropic Use (%) ^a	Proportion of ASD Subjects With Evidence of Multiclass Polypharmacy (%) ^b
Overall	33 565 (100)	21 554 (63.56)	11 598 (34.55)
Geographic region			
Northeast	5271 (16)	56.04	28.44
Midwest	11 561 (34)	67.79	39.35
South	12 090 (36)	65.96	34.99
West	4643 (14)	55.33	28.43
Age group at index date ^c			
0–1 y	5609 (17)	33.77	9.89
2–10 y	19 987 (60)	63.51	32.33
11–17 y	7277 (22)	84.46	57.07
18–20 y	692 (2)	86.71	61.85

First

work



Then

computer



Ben's schedule

1. Dress ☒
2. Eat Breakfast ☐
3. Fold Laundry ☐



Afternoon Schedule



12:00 lunchtime



12:30 free time
or activity



3:00 writing time



4:00 clean up



4:30 TV
or computer



Bathroom
Breakfast
Wash Dishes
Brush Teeth
Bus

Is there a Transition Cue?

Date:	AM
8:30	Wash hands. Meds. "good morning" Breakfast
	After meal checklist. After breakfast checklist.
	Put on deodorant. Make bed. 4 shaves

Present Moment Breathing on a Visual Schedule

Check Email
8 big breaths - hand on stomach
In hallway, 8 bearsteps, 12 windmills
Journal breakfast and weight.
Journal weather
8 big breaths, 10 sitting toe touches
Clean bedroom door with wipe

PM

Exercise in bedroom: 3 jumpingjacks, 8 toe touches
Count money \$74.37
Wash hands, scrub fingernails with brush and Set Table
Eat Supper. Drink water.
After meal checklist. Kitchen is closed.
Shower, 7:00 PM med
Watch TV in living room
Count money \$32.52
Journal snack
8:00 PM Brush teeth - REALLY GOOD!
journal supper and weather
4 shaves
10 big breaths - hand on stomach
10:00 PM Be quiet, go to bed

October 2009



Tuesday

Wednesday



October 2009

Thursday

Friday

Saturday



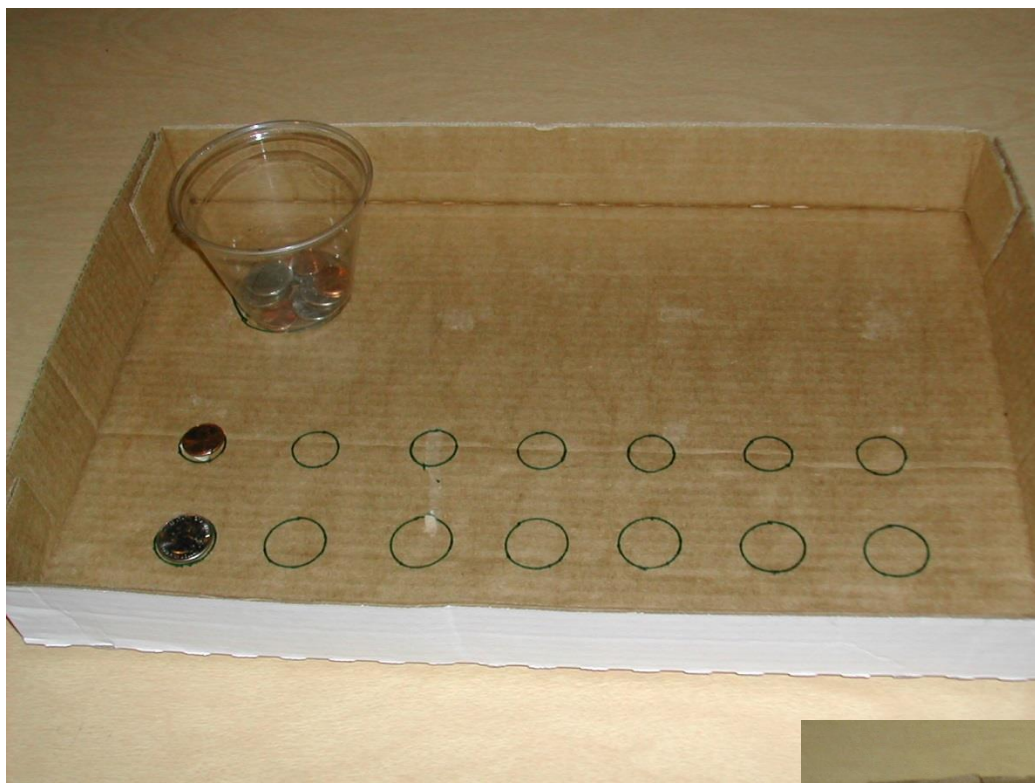
Structured Leisure

“Work is Play and Play is Work”



Visual versus Vocal

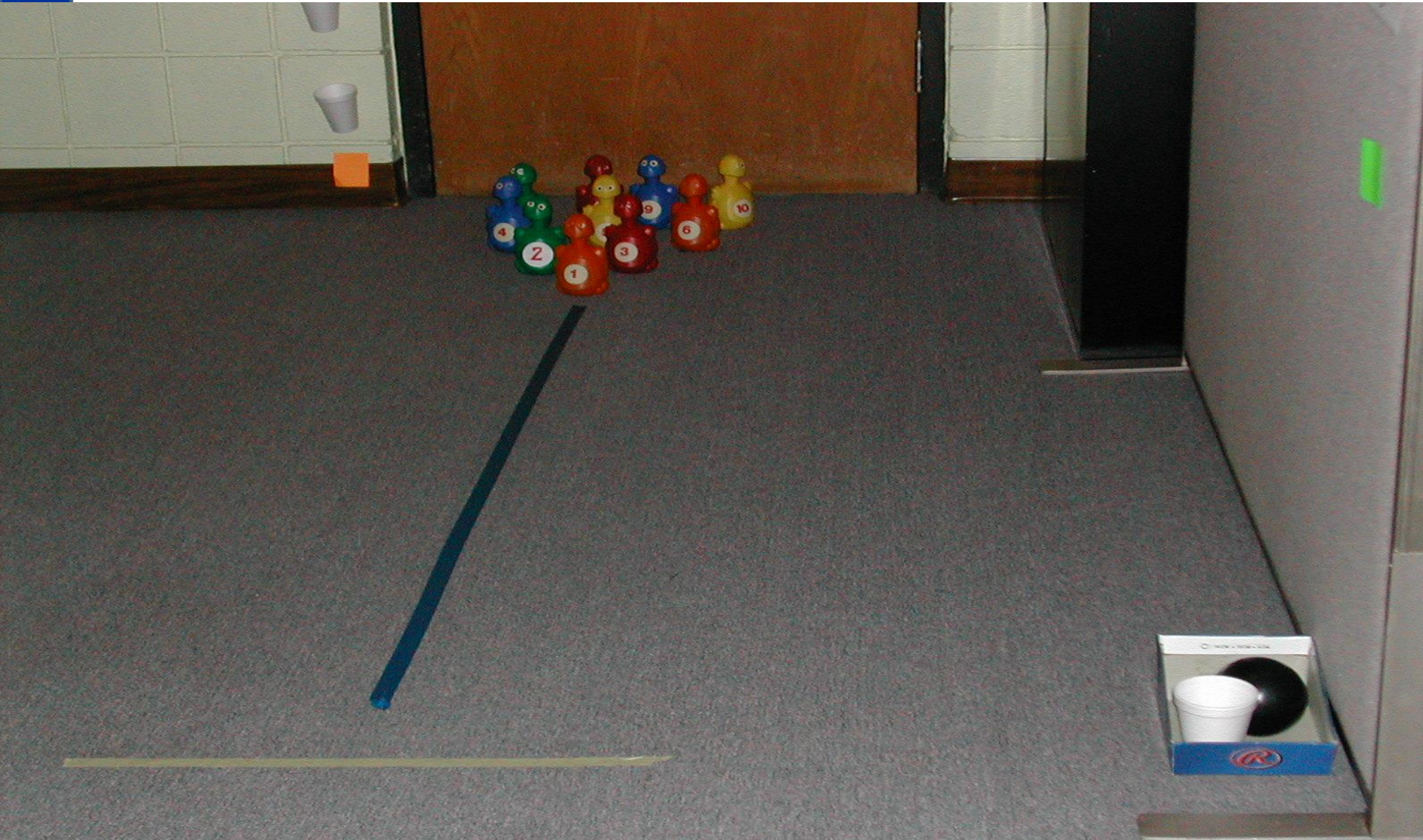
- Use visual prompts, as possible
 - Objects/gestures/signs/pictures/drawings
 - Written instructions, if applicable



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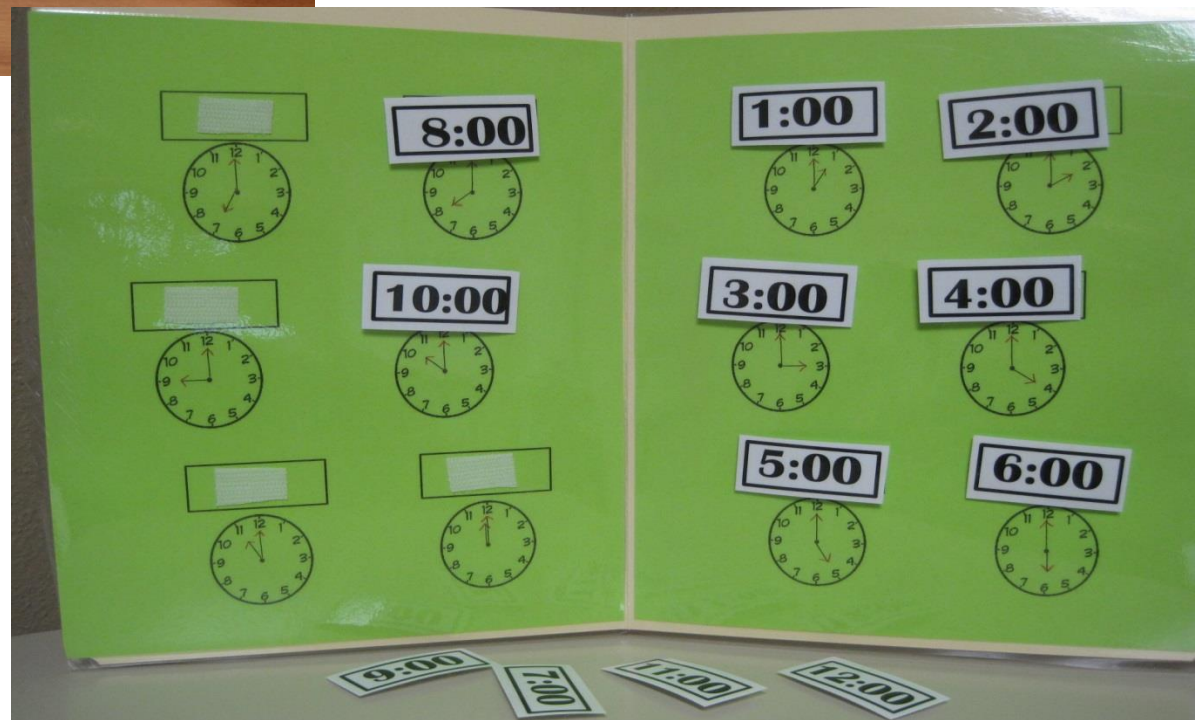
– Environmental Structure

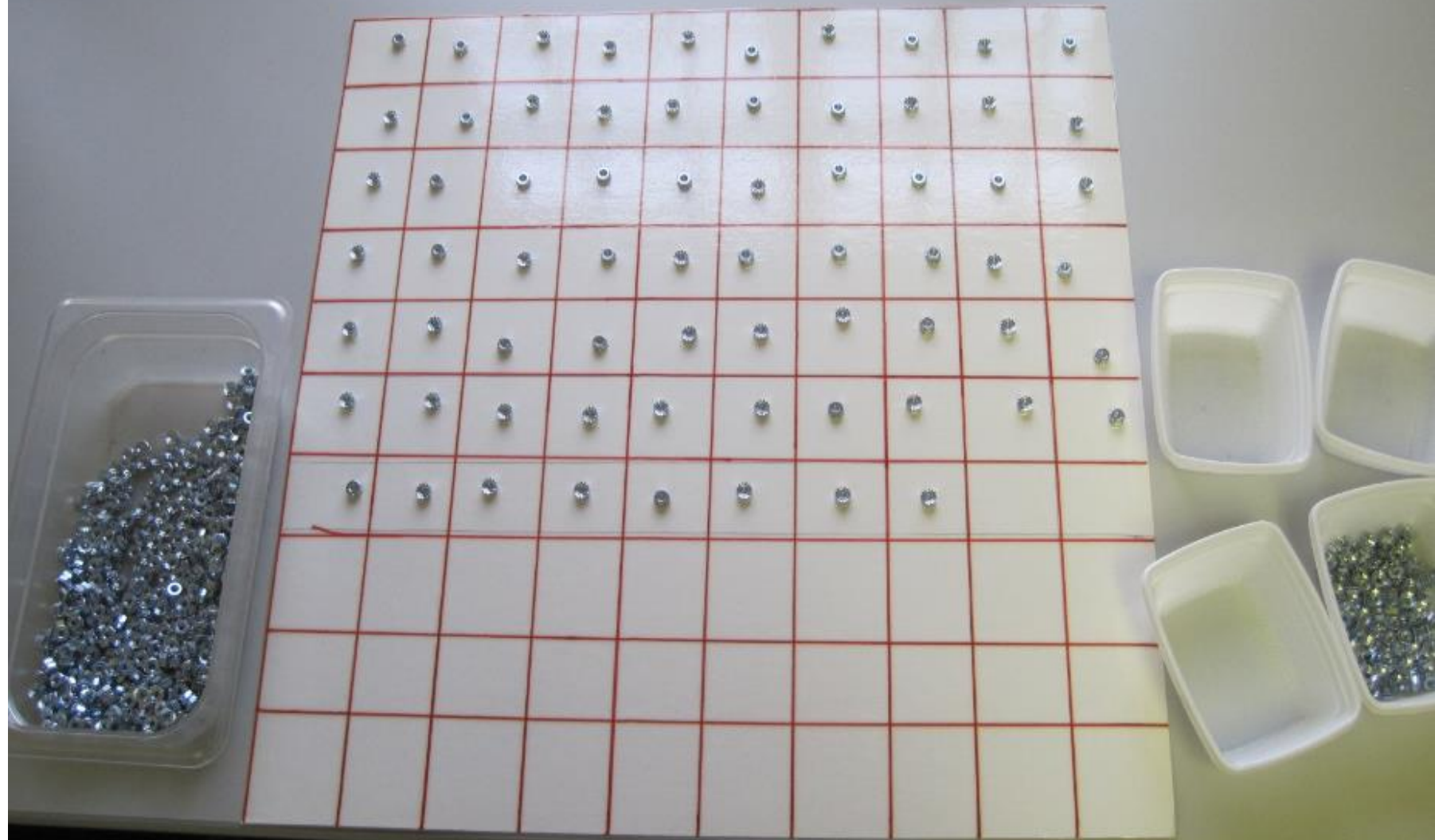
- Instructions / Tasks

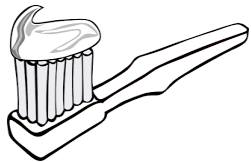
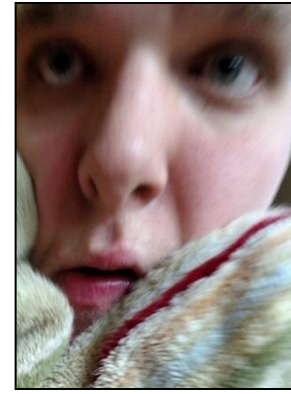
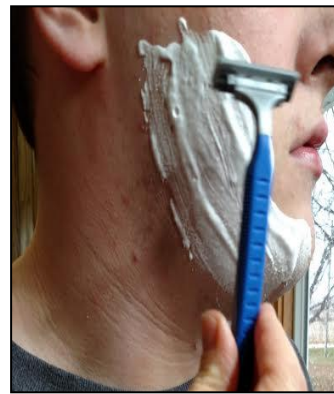




File Folder Activities







1. Brush teeth

2. Wash face

3. deodorant

4. Brush hair

5. Floss teeth

I can take a shower by myself

shower

close bathroom door

take off clothes

open shower curtain or shower door

turn on hot & cold

test water temperature

shower

wash with soap

put shampoo in hand

wash hair

rinse hair

turn off water

dry off

get clean clothes

put on pyjamas or put on clothes

great job!

get supplies 	put toothpaste on brush 	open mouth 	brush teeth 	put away
one 1	two 2	three 3	four 4	five 5

underwear



t-shirts



pyjamas





Visual instructions regarding food: ownership, serving time, and portion

By housemate, using initials

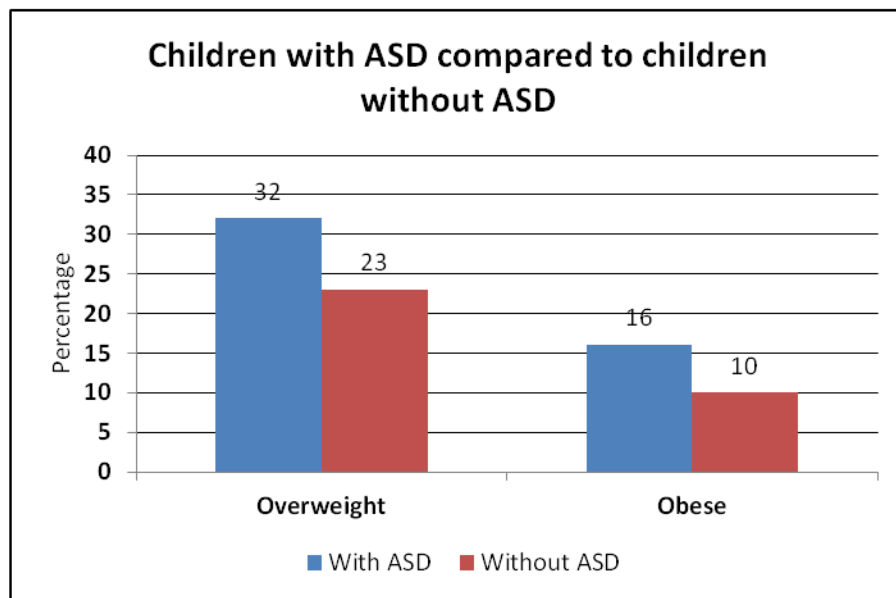


By day of week and time of day



Packing into individual servings is useful when purchasing a multi-serving box, as it makes rationing easier for most consumers who may be tempted to over consume immediately after making the purchase.

Autism May Share Risk Factors With Diabetes



“Teenagers and young adults with autism are about three times more likely than those without the condition to develop type 2 diabetes...”

- **environmental and lifestyle factors**, such as:
 - picky eating, less access to competent healthcare services , less support for healthy lifestyles
- “...the new study suggests that individuals who take them [**atypical antipsychotics**] as much as double their risk of type 2 diabetes”
- “...the **gene GLO1**, which encodes an enzyme that detoxifies certain byproducts of metabolism, is linked to both autism and type 2 diabetes”

Anthes, E., Autism may share risk factors with diabetes. Retrieved 2016-4-19
<https://spectrumnews.org/news/autism-may-share-risk-factors-with-diabetes>




Google: 6 Phases of PECS

- PECS PHASE I: How to Communicate
- PECS PHASE II: **Distance and Persistence**
- PECS PHASE III: Picture Discrimination
- PECS PHASE IV: Sentence Structure
- PECS PHASE V: Answering Questions
- PECS PHASE VI: Commenting



Desensitization Programs

Going to sporting events:

<p>1. I like to go to sporting events with friends and family, but if my team loses, sometimes I show bad sportsmanship and want to leave the game before it ends.</p>	
<p>2. People who are with me get embarrassed when I yell and frustrated when I want to leave early.</p>	
<p>3. Showing bad sportsmanship and wanting to leave before the game is over may make the people I am with feel disappointed. They may not ask me to go to again.</p>	
<p>4. I will remember that the team I like may not win EVERY time. Even if my team is losing, I will:</p> <ol style="list-style-type: none"> Be the BEST fan. I will cheer positively! Stay for the entire sporting event, out of respect for others with me. Focus on the fun of spending time with family and friends, regardless of which team wins. 	

Video Modeling

Video modeling is a form of observational learning in which desired behaviors are learned by watching a video demonstration and then imitating of the behavior of the model.



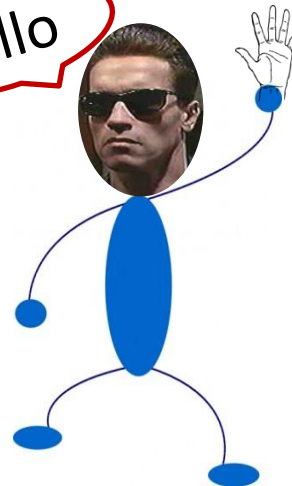


Thomas brushes his teeth every night. When he's finished, he reads a book.

John can brush and read a book, too!



Hello



When The Terminator sees his favorite nurse, he waves and tells her "Hello."

John can wave at his nurse, too!

Self-Injurious Behavior

- “Under stress, an individual may become self-injurious.
 - E.g. biting their hand, hitting their body/head on with their hand or on hard objects, etc.
- Use the LEAST invasive technique possible to ensure the individual’s safety.”
- Functional Analysis to identify the function!

A-B-C Recording

A-B-C WORKSHEET

Name: _____



	ANTECEDENTS				BEHAVIOR	CONSEQUENCES	
DATE and TIME	WHERE was the person? Who was around the person?	Did someone say/do something to the person right before the behavior?	WHAT activity/event was the person engaging in at the time?	WHAT activity/event was the person scheduled to do NEXT?	What did the Interfering Behavior look like? (i.e., hitting, kicking, throwing objects)	What did the person obtain that they didn't have before the behavior occurred? (i.e., attention, tangible item)	What did the person get away from/out of after the behavior occurred? (i.e., work task, chores, crowded place)

Eating Disorders

- “Some estimates hold that as much as 20 percent of people with enduring eating disorders have autism.
 - Because girls with autism are frequently underdiagnosed, it’s often an eating disorder that first brings them to clinical attention...”
- Anorexia is not the only eating disorder connected to autism.
 - Although the majority of research on eating disorders in autism has been focused on people who routinely eat too little food, some women with autism may also turn to food for comfort.”

Arnold, Carrie. *The invisible link between autism and anorexia*. Retired from online newsletter: www.spectrumnews.org on 2016-2-17.

Sensitivity to the word “no”



Avoid saying/doing what may be
perceived as “criticism.”

Instead, find the “Kernel of Good”
in his/her behavior.

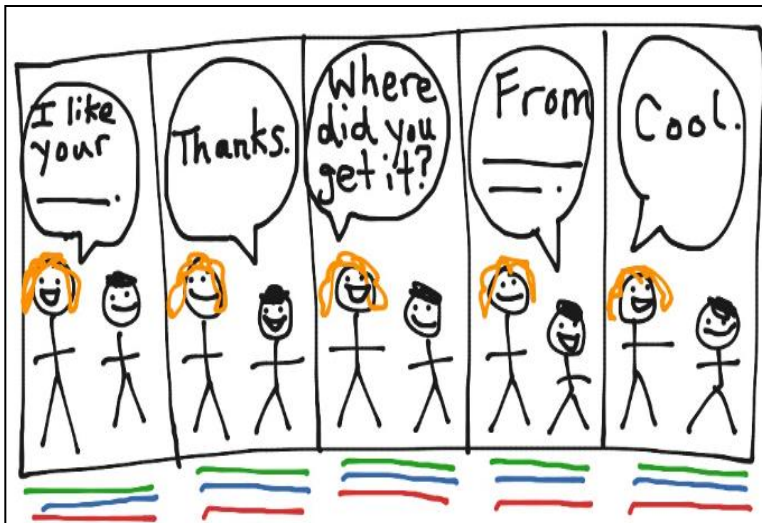


Perspective of Others

- Theory of Mind
- Hierarchal Framing
 - I/Here/Now vs You/There/Then
- Associations
 - Remember when YOU experienced _____. That may be how JOHN is feeling right now.

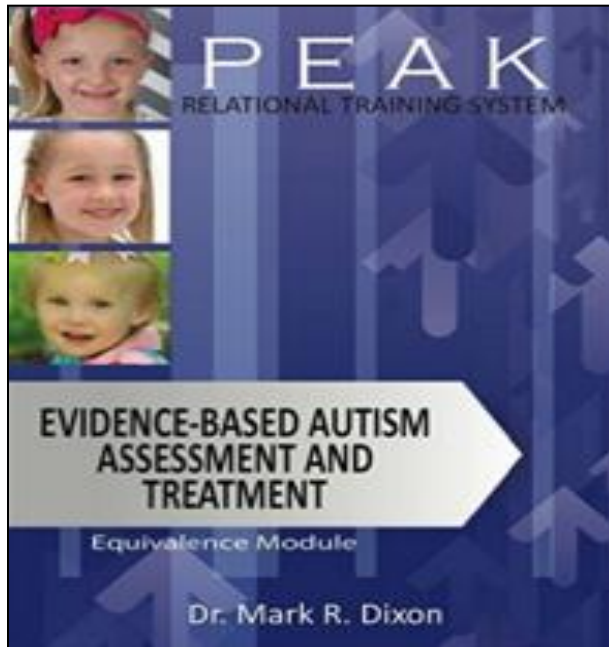
Perception Taking Strategies

Comic Strip Conversations



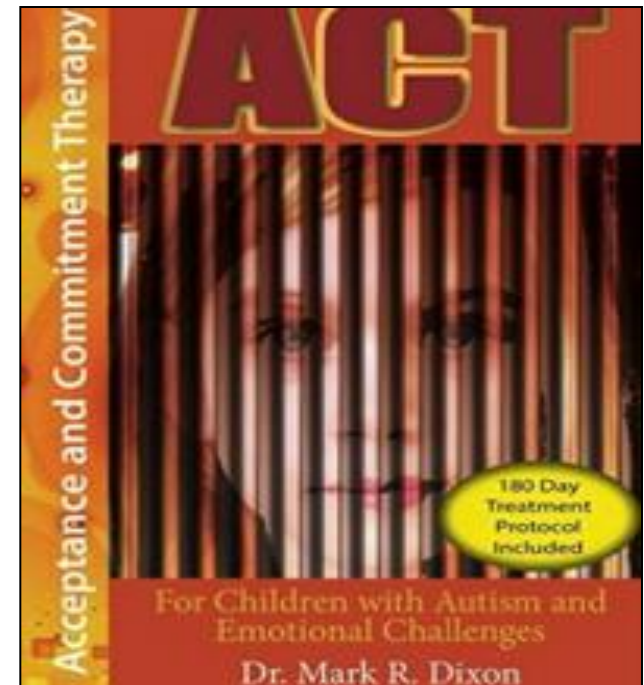
Behavioral Rehearsal

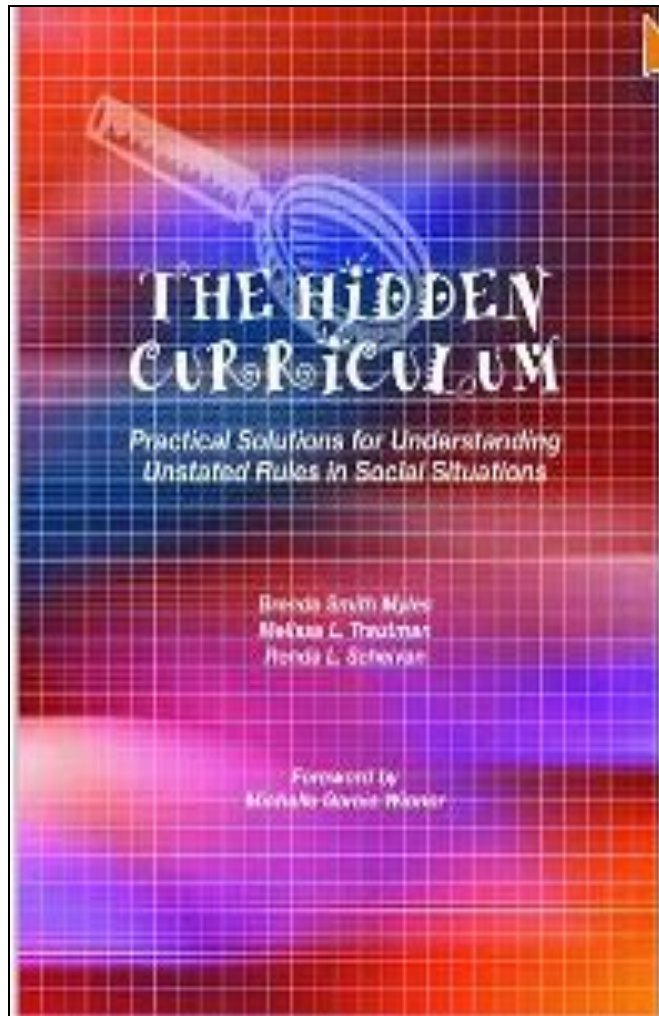
- Sometimes I send girls lots of emails each day.
- Their families get angry.
- Sending more than ____ emails per week is "overkill."
- From now on, I will not send more than 2 emails per week to any one person.
- The girls' families will not be angry at me.



- Comprehensive assessment and curriculum for running discrete trial training for children between 9 months and 18 years of age.
- Incorporates traditional Skinnerian techniques with more complex cognitive and language processes.

- Full 180 days of therapeutic techniques designed to be delivered by parents, caregivers and behavior analysts
- Implementation 1:1 or within a group setting.





The Hidden Curriculum:

Practical Solutions for
Understanding Unstated
Rules in Social Situations

Brenda Smith Myles



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Access. Empowerment. Acceptance for All.



Improving the Lives of All Affected by Autism

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Questions?