Autism Treatment Center

Changing Lives. Building Futures.

Autism 101 ...and Behavior Tips for the Trade

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What is Autism?

- Autism is a disorder characterized by a severe disruption of the normal developmental process. Autism is not a disease, it is one type of pervasive developmental disorder (PDD).
- Autism Spectrum Disorder (ASD) and Pervasive Developmental Disorder (PDD) are often used synonymously.
- Pervasive Developmental Disorders (PDD)/Autism Spectrum Disorders (ASD) are characterized by severe and pervasive impairments in several areas of development, such as:
 - Impairment in socialization
 - Impairments in verbal and nonverbal communication
 - Restricted and repetitive patterns of behavior
- Autism exists on a continuum from mild to severe.
 - Learning, responding, and thinking differences result in confusion, frustration, and anxiety expressed in withdrawal, repetitive behaviors, and, sometimes, in aggression or self-injury.
 - Autism can co-occur with other disabilities.



Individuals with Disabilities Education Act (IDEA) – defined...

Autism shall mean a developmental disability which significantly affects verbal and nonverbal communication and social interaction, generally evident before the age of three, that adversely affects educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not include children with characteristics of the disability category "behavioral disorder."



What causes autism?



- Multi-causal
- Genetics
- Brain disorder present from birth
- Neurobiological
- Having a head
 circumference larger than
 average in the first I-3
 years of life

History of Autism

- Leo Kanner, 1896-1981
 - Research paper of 11 children with similarities and differences published in 1943
 - Research noted: children included their inability to develop relationships with people, delay or absence of speech
 - compulsiveness in their need for sameness and routine
 - repetitive or stereotyped behaviors and an overall lack of imaginative play
 - isolated and aloof
 - Kanner used the term "autism" to describe them; autism means "self."
 - Autism was also often misdiagnosed as early childhood schizophrenia



Facts and Figures

- Autism prevalence figures are growing
 - the current annual growth rate is 10-17%)
 - ► 1:300 Texans have autism
 - I in 68 diagnosis worldwide or 1.5 million individuals
- More children will be diagnosed with autism this year than with AIDS, diabetes and cancer combined
- Autism is the fastest-growing serious developmental disability in the U.S.
- Boys are four times more likely than girls to have autism
- Typically manifests around the ages of 18 months to 3 years
- Genetics are a factor in the cause as are environmental triggers
- Recent studies have estimated that the lifetime cost to care for an individual with an ASD is \$3.2 million
- There is no medical detection or cure for autism
- Is found throughout the world in families of all racial, ethnic and social backgrounds

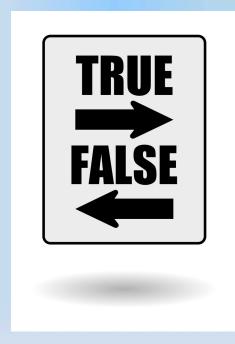


How are Autism Spectrum Disorders Diagnosed?



- Autism Spectrum Disorders (ASD) are diagnosed from behavioral symptoms displayed by a child.
 - A multiple disciplinary team should be involved in determining a diagnosis. (e.g., speech clinician, occupational therapist, audiologist, psychologist, family members, physical therapists etc.)

Facts and Myths...



- MYTH: Children and adults with autism spectrum disorders do not care about others.
 - **FACT**: Children and adults with an ASD often care deeply but lack the ability to spontaneously develop empathic and socially connected typical behavior.
- MYTH: People with autism spectrum disorders cannot have successful lives as contributing members of society.
 - **FACT**: Many people with autism spectrum disorders are being successful living and working and are contributing to the well being of others in their communities. This is most likely to happen when appropriate services are delivered during the child's free, appropriate, public education years.
- MYTH: All people with an autism spectrum disorder have "savant skills", like Dustin Hoffman's character in "Rain Man".
 - FACT: Most people with autism spectrum disorders do not have any special savant skills. Some have "splinter skills", areas of high performance that are not consistent with other skill levels.
- MYTH: Certain intensive, behavioral based programs "cure" autism spectrum disorders if they are delivered at the right age and intensity.
 - **FACT**: There is no cure for autism spectrum disorders. Early behavior-based interventions have positive effects on some children with autism and less note-worthy effects on other children. Early services need to be based on individual children's needs and learning styles, not based on programs being sold as "cures" for every child with ASD.

Severity Levels...

Diagnostic and Statistical Manual of Mental Disorders, 5th edition

| Severity Level for ASD | Social Communication | Restricted interests & repetitive behaviours |
|---|---|--|
| Level 3 - 'Requiring very substantial support' | Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning; very limited initiation of social interactions and minimal response to social overtures from others | Preoccupations, fixated rituals and/or repetitive behaviours markedly interfere with functioning in all spheres. Marked distress when rituals or routines are interrupted; very difficult to redirect from fixated interes or returns to it quickly. |
| Level 2 - 'Requiring substantial support' | 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 response to social overtures from others | RRBs and/or preoccupations or fixated interests appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress or frustration is apparent when RRB's are interrupted; difficult to redirect from fixated interest |
| Level 1 - 'Requiring support' | Without supports in place, deficits in social communication cause noticeable impairments. Has difficulty initiating social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions | Rituals and repetitive behaviours (RRB's) cause significant interference with functioning in one or more contexts. Resists attempts by others to interrupt RRB's or to be redirected from fixated interest. |

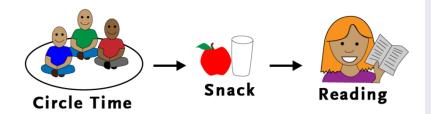


You get a child to your facility/school who has autism...you have no training, you are unfamiliar with autism. Now what do you do?

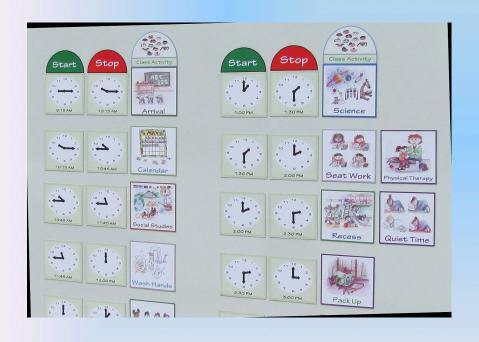
Setting Up Your Classroom for a Student with Autism

- Use visual supports
 - Remember students with autism have communication deficits they cannot express themselves effectively.
 Language difficulties may make it difficult for these students to understand what is expected of them. They may be confused about what is happening.
 - Visual supports can reduce problem behaviors and increase effective communication interactions for most students with autism.
 - A **schedule** is a key component of a visual support system
 - Visual schedules can be very powerful because they help an autistic student visualize their actions. It gives the student information about what will happen and when it will occur.
- Often students with autism have a difficult time understanding personal space.
 - Define personal space by drawing masking tape outlines on the floor. Make sure there is plenty of room between desks.
- Take time to set up your classroom and once it is set up avoid changes.
 - If your classroom will have stations, use furniture to help define these spaces.
 - Provide a quiet area for your autistic student to go for breaks
- Children with autism pay attention to details and can miss the big picture. Wall charts and posters can distract from your teaching. While teaching, try to teach in front of a blank background (i.e. a chalkboard with nothing extra written on it).

Morning Schedule

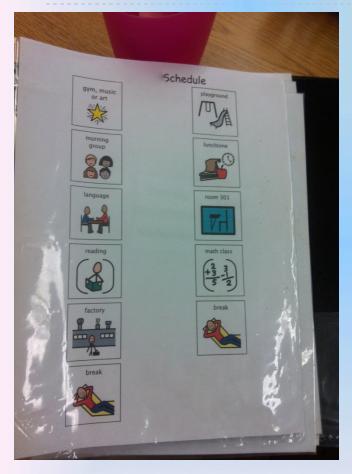


Visual Support Systems





Visual Support Systems







- Choice boards: At times your student with autism will need to make a choice provide a choice board with a list of acceptable activities they can choose from.
- Social stories provide an individual with accurate information about situations your student with autism may find difficult or confusing. They can be written for a specific situation for the individual child. The story should be short and the focus should be limited to one or two key points: the important social cues, the events and reactions the individual might expect to occur in the situation, the actions and reactions that might be expected of him, and why.

Tips for working with Students with Autism Spectrum Disorders

- Teach language in context
- Limit amount of language
- Emphasize communication, not speech
- Establish routines
- Create choices
- Use visual supports
- Identify communicative intent of child's behavior
- Keep directions to 1-2 steps
- Allow for sensory breaks (e.g. walks, chewing gum, squeeze ball)
- Incorporate child's interest in lessons



Behavioral/Sensory Challenges

- Unusual and repetitive movements of the body that interfere with the ability to attend to tasks or activities
 - hand flapping, finger flicking, rocking, hand clapping, grimacing or eye gazing.
 - Marked distress over changes in seemingly trivial aspects of the environment
 - Unreasonable insistence on following routines in precise detail
 - Uneven gross and fine motor skills
 - No fear of real danger
 - Apparent over or under sensitive to pain



▶ The Faces of Autism

https://www.youtube.com/watch?v=MCEqfvSr0Fc

https://www.youtube.com/
watch?v=q3McvBCLn5g

https://www.youtube.com/
watch?v=PiFBXIpdC0Y

https://www.youtube.com/
watch?v=li5GTc8HHdo



Autism Treatment Center Program Overview

ATC strives to improve the lives of children with autism throughout the state and across the nation.

The goal for the children is to make progress and mitigate the symptoms of autism.

Children also receive: art therapy, music therapy, yoga therapy, dance therapy, and pet therapy. Because these children have deficits in all of these areas, these services help foster integration, relationships, self regulation, and generalization.





How about autism at The Autism Treatment Center?



- Each person in our program follows an individualized, comprehensive learning program designed by a team of teachers, personal care assistants, administrators, various specialists/consultants, and the individual receiving services and their parent or guardian.
- ATC owns and operates 16 group homes in the Dallas area.
- ATC's Crystal Charity Ball Educational Wing specializes in providing education to students with autism, ages 3 to 22.
- The Adult Services program offers a variety of options to the adults at ATC. The skills and interests of the individual are matched with employment and/or volunteer opportunities that are either at the Center or out in the community with area businesses and other non-profits.
- ATC Therapy Clinic provides autism-specific outpatient therapy for children and adults in North Texas. Therapy services include occupational, physical, and speech.
- The Autism Treatment Center provides Applied Behavioral Analysis and holds contracts with Blue Cross Blue Shield of Texas, and is an approved provider for Tricare for ABA services.

ATC's Role with The Hogg Foundation/TNOYS...

- We use our **debriefing** to meet with staff after each behavior to see what happened, what we did right, what we can do in the future, and where to go from here.
- We use data for best practices in our decision making in planning and implementation of behavior plans for our individuals in care that are reviewed every six months (more if needed)
- Staff meetings information is shared and victories are celebrated.



Challenges:

Staffing

- New staff biases
- Retention of new staff

Funding

- Children with autism require highly specialized interventions such as ABA, autism specific ST and OT strategies to develop and maintain skills needed on a daily basis.
- One-to-one and one-to-two staffing ratios is needed at any given time to maintain progress that is attained and decreasing the level of support can lead to serious and significant regression, imminent harm to self or others, and might pose a flight risk.

Where do we go from here?

- ATC has a long history of advocating for their children and helping to shape the growth of the individuals in care.
- Each program developed addresses a specific need for the children and adults needing our services.
- Continue to decrease containments in debriefing techniques.
- Current Research at the Center:
 - Evaluation of the Play Wisely Program in Children with Autism
 - The purpose of the study is to examine the effectiveness of the Play Wisely intervention for enhancing the parent-child relationship while developing the essential learning foundation skills in children with a diagnosis of autism, pervasive developmental disorder (PDD), or autism spectrum disorder (ASD).
 - Human-Robot Interaction System for Early Diagnosis and Treatment of Childhood Autism Spectrum Disorder
 - The purpose of this study is to investigate the differences in sensory-motor abilities between children with Autism Spectrum Disorder, and those with normal-typical development.



How can I receive more training?

- Texas StatewideLeadership for AutismTraining Online
 - http://www.txautism.net/ trainings
- Local Region Service Centers
- http://txautism.esc2.net/

- Free workshops!
- ▶ 30 minutes for professional development in 12 different topics related to autism
- Some offered in spanish as well as having information geared for families/ caregivers



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