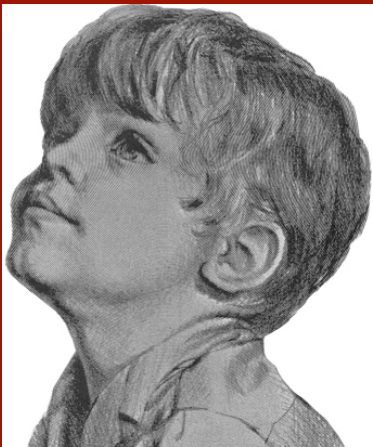# Understanding Autism Spectrum Disorders
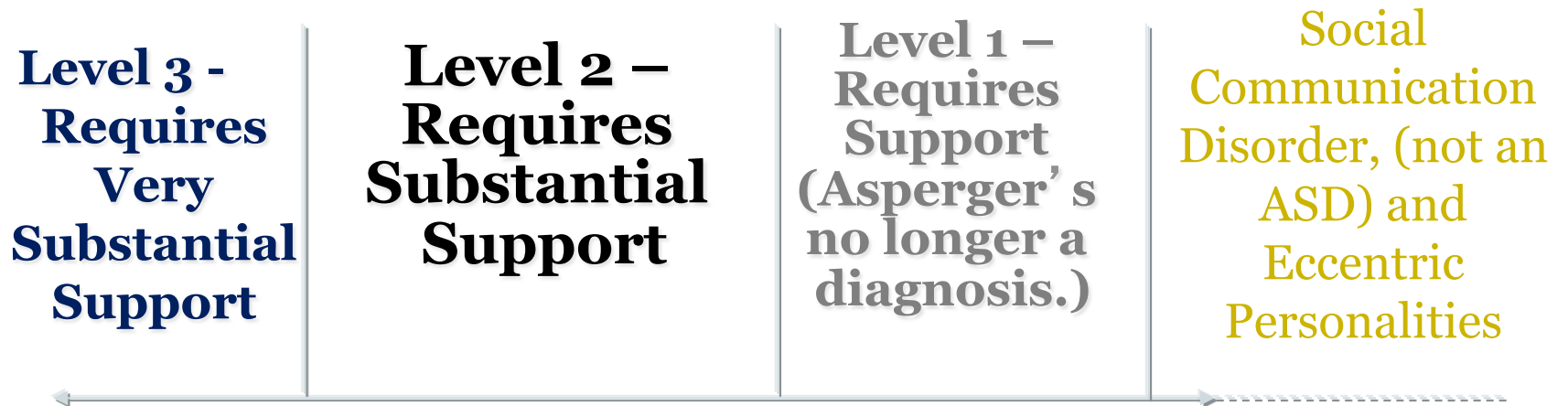
WORKSHOP GOALS

- Defining Autism

- Characteristics of Autism

- Recognizing Differences in Learning

- Supports for People with Autism

- Implementing Best Practices

Autism

- "If you have met one person with autism, then you have met one person with autism"

- Autism is best characterized as a spectrum disorder, meaning that there are a range of symptoms and the intensity and markedness of those may look different from person to person

"ASD"

The DSM-V (Diagnostic and Statistical Manual of Mental Disorders) summarizes all previous diagnoses as Autism Spectrum Disorders, or ASD.

Level 3 - Requires Very Substantial Support	Level 2 – Requires Substantial Support	Level 1 – Requires Support (Asperger's no longer a diagnosis.)	Social Communication Disorder, (not an ASD) and Eccentric Personalities

4 Qualities that Characterize A.S.D.

1. Difficulty with communication

2. Difficulty forming social relationships.

3. Repetitive patterns of behavior, interests, or activities

4. Issues with processing sensory information

1. Difficulty with Communication

- Lack of eye contact
- Delay or lack of spoken language
- Poor integration between verbal and nonverbal skills
- Echolalia

1. Difficulty with Communication

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- Difficulty expressing needs or answering questions

- Abnormalities in body language, facial expression and use of gestures

- Perseverative language

- Vocal tone may be robotic or awkward sounding

2. Difficulty with Social Interactions

- Limited eye contact
- Deficits in Theory of Mind (aka Mindblindness)
- Difficulty interpreting social context of expressions
- Difficulty reading or expressing emotions
- Difficulty interacting with others
  - Aloof
  - Passive
  - Active, but odd

2. Difficulty with Social Interactions

- Lack of understanding of social rules of interaction
  - Initiating, sustaining, and ending conversation, turn-taking, monologue vs. dialogue, may lack social smile
- "Bonding" and other socially motivated behavior may be significantly delayed
- Lack of interest in peers or friends
- Failure to initiate or respond to social interaction

3. Repetitive Patterns of Behavior, Interests or Activities

- Repetitive language or movements
- Reduced or excessive sharing of interests
- Ritualistic lining up, flipping, or investigation of objects
- Strong need for predictability – e.g. must take same route from one place to another
- Rigid patterns of thinking, difficulty switching between activities

3. Repetitive Patterns of Behavior, Interests or Activities

- Resistant to change in routine or schedule
  - This does not mean people should facilitate rigidity. Whenever we can, we should plan for change

- Obsession or preoccupation with certain topics/areas of interest

4. Sensory Issues

- A behavior that is commonly seen is *self-stimulatory* behavior

- Hyper (over), or hypo (under) sensitivities in several areas – even in the same sensory system

4. Sensory Issues

There are the five senses we are all familiar (each with an example that *may* occur):

- **Auditory**
  - Hyper – may be sensitive to too much noise or certain frequencies, frequent covering the ears
  - Hypo – may appear unresponsive at times, even acting as if deaf
- **Visual**
  - Hyper – may use more peripheral vision due to overstimulation from direct focal gaze
  - Hypo - may spend great amounts of time with visual stimuli
- **Gustatory (taste)**
  - Hyper – leads to very selective diet
  - Hypo – craves flavor, even some that are generally considered aversive
- **Tactile (touch)**
  - Hyper – "tactilely defensive"
  - Hypo – may have an unusually high tolerance for pain
- **Olfactory (smell)**
  - Hyper – unable to filter minor or pleasant smells
  - Hypo – may sniff things frequently, even things that are generally considered noxious

4. Sensory Issues

Then, there are two additional sensory systems that are often in need of regulation:

- Vestibular - Sense of balance and gravitational security
  - Strong needs for spinning, swinging, or rocking

- Proprioception - Awareness of body in space through joints
  - Activities include climbing, riding in a car, jiggling the feet and legs, repetitive hand and finger movement, deep pressure, stretching, and even self injurious behavior

Differences in Learning

- Literal thinking – may have difficulty thinking abstract, imagining something hasn't happened to them, or role-playing

- Over selectivity – may have a decreased ability to filter out irrelevant stimuli to in order to attend to the main focus

- Generalization issues – may learn content specific to the context of environment, materials, or people, or may over-generalize

Differences in Learning

- Visual learning style – may tune out auditory instructions. Still be able to learn by seeing and doing.

- Ritualistic – may resist adaptations or changes in patterns and schedule. Predict and reinforce.

- Motivation – Reinforcement may be different from what is the norm in society, might also be prone to failure sets

Differences in Learning

- People with ASD can possess extraordinary skills or talents known as "savant skills". However the vast majority of people with ASD do not possess these skills.

- Most people with ASD have an uneven scattering of skill development and some skills may be more advanced than others.

- IQ scores are often inaccurate due to the language and lack of motivation issues

- When faced with deficits in skill development, staff need to keep in mind that the learning will more often disordered as opposed to delayed

Support Strategies

- **Attention:** Make sure you get the person's attention (eye contact) before talking to them.

- **Positive, but Assertive Language:** Be direct and avoid passive language, but tell people what *to* do rather than what *not to* do. Avoid use of "no", "don't", "stop", "can't" etc.

- **Reinforcement vs. Punishment:** We want people to be in control of themselves rather than trying to control them. Anytime we incur behavior we don't like, we have to figure out what we would like to see instead.

- **Repeat and Rephrase:** Give processing time before repeating a directive. If the person still doesn't respond then rephrase your statement.

Support Strategies

- **Schedules** - Providing a daily schedule in a visual format will make the day predictable, ease transitions, and reduce stress

- **Visual Task Analysis** – Helps the learner complete task by seeing each step in detail

- **Posted rules** written clearly and simply

- **Charts** displaying reinforcement earned or the lack of reinforcement earned

Support Strategies

- **Augmentative communication**
  - Sign
  - P.E.C.S.
  - I-pads
- **Social Stories** – Some of the simplest lessons aren't learned because they aren't contained in a textbook
- **Comic Strip Conversations** – Speech bubbles and thought bubbles.
- **Combining words and pictures**

Best Practices

Utilize a person-first approach, avoiding emphasis of labels or one-size-fits-all treatment.

- Recognize that people with autism are more normal than abnormal – we all have odd behaviors, but the differences are in frequency, duration, and intensity.

- No such thing as "autistics", or even autistic clients. Serve **_people._** Sometimes, it is helpful to know that we serve people with autism. Mostly, diagnostic labels are only helpful as a ticket for funding of services.

- Behavior is something people do, not who they are. How would you like to be referred to by your worst quality?

- Avoid talking about people as if they weren't able to listen.

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Best Practices

Heavy reliance on a behavioral approach using the principles of Applied Behavioral Analysis and combine that approach with necessary supports to understand the dynamics of social skills, regulate sensory needs and increase communication skills.

- Looking at behavior in terms of what comes before and after the targeted behavior tells us if the function of the behavior is **attention, tangible, escape, or sensory.**

- While ABA is an empirically proven treatment method, approach needs to adapt the application to the individual and recognize that other treatments can augment ABA.

Best Practices

Emphasize using a positive approach and build treatment on the basis of healthy relationships.

- Neuro-typical people work for paycheck and don't call it bribery – our participants will learn that you do good things, you earn good things

- Rehearsing ideal behavior will help to increase independence

- Incorporating choice in a person's life is important – nobody likes to be told "my way or the highway"

- The focus is about teaching people a fleet of responses to utilize in different situations

Best Practices

Maintain high expectations critical to achieving success rather than limiting futures based on what we see today.

● Process starts with a determination of baseline capacities through assessments and observations

● The next step is to set the bar slightly higher than the level discovered in the assessment

   • It is important to inundate praise for effort throughout the process

● Then gradually increase level of support to find the least intrusive method that will help them succeed

● Last, raise the bar, or fade the support.

Quotes to Live By

If you treat an individual as he is, he will remain as he is. But if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be.

— *Goethe*

Quotes to Live By

If they aren't learning the way you teach, teach the way they learn.

--*Unknown*