Shining A Light: Understanding Autism Spectrum Disorder

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Center for Autism Spectrum Disorders
What is Autism Spectrum Disorder?

• Diagnosing ASD
  – Symptoms present before age 3
  – Deficits in two domains:

  • Social communication social interaction
    – Difficulties understanding emotions of others
    – Difficulty understanding social situations
    – Difficulty interpreting nonverbal communicative behaviors
    – Difficulty establishing, maintaining, and understanding friendships

  • Restricted and repetitive patterns of behavior
    – Stereotyped, repetitive motor movements
    – Insistence on sameness
    – Inflexible adherence to routines
    – Restricted, fixated interests
    – Hypersensitivity to sensory stimuli
Social Difficulties

• Examples:
  – Lack of eye-contact
  – Lack of give-and-take interactions
  – Failure to respond to names
  – Reduced interest in others
  – Delayed or absent babbling during infancy
  – Difficulty with social games (Peek-A-Boo)
  – Difficulty imitating others
  – Preference to play alone
  – Difficulty understanding the emotions of others
  – Difficulty understanding social cues
  – Difficulty regulating emotions

• Many children with ASD can be taught to socially interact and deal with emotions
Communication Difficulties

• Examples:
  – Delayed babbling
  – Delays in speaking first words
  – Difficulty combining words
  – Repeating the same word over and over (echolalia)
  – Difficulty using language in a way that makes sense
  – Difficulty sustaining conversation
  – Difficulty expressing wants/needs
  – Difficulty understanding body language

• Some children with autism do not have delays in language
• Some children experience a regression in language skills

• Just because your child cannot express him/herself through language does not necessarily mean he/she is not able to understand others’ language
Repetitive Behaviors

• Repetitive behaviors:
  – Hand-flapping, rocking, jumping, twirling, arranging/rearranging objects, repeating sounds/words/phrases

• Restricted range of activities
  – Spending hours lining up toys
  – Need for extreme consistency in daily routines
    • Slight changes lead to outbursts
  – Preoccupations/obsessions
    • Unusual interests (e.g., numbers, dates, fans, vacuum cleaners)
Myths about ASD

- Autism is a “new” condition
- People with autism will never live on their own
- Autism is an emotional problem
- Individuals with autism are violent
- Individuals with autism don’t like to be hugged
- Individuals with autism have special talents, like “Rain Man”
- Autism is the same as mental retardation
- People with autism don’t have feelings
- People with autism don’t want to have friends
Autism Prevalence

Estimated Autism Prevalence 2018

* Centers for Disease Control and Prevention (CDC) prevalence estimates are for 4 years prior to the report date (e.g. 2018 figures are from 2014)
How Common is ASD?

• Centers for Disease Control and Prevention (CDC)
  – 1 in 59 children in the US are on the autism spectrum
  – 4-5 times more common in boys than girls
    • 1 in 42 boys in US is diagnosed with ASD
    • 1 in 189 girls in US diagnosed with ASD
Why has ASD increased?

• Increased awareness
  – Parents
  – Pediatricians
  – Teachers

• Improvements in diagnosis

• Actual increase in prevalence and incidence
What Causes ASD?

• No single known cause of ASD
  – Just as there is no single type of ASD
• Research has identified many genetic autism “risks”
  – But often there is no specific “autism gene”
• Research has also identified environmental “risks”
  – Advanced parental age
  – Maternal illness during pregnancy
  – Prematurity
  – Low birth weight
  – Difficulties breathing after birth

**None of these factors ALONE cause autism**

• A combination of genetic and environmental factors increase risk of ASD
Autism Spectrum Disorder

- Mental health concerns
- Disruptive behaviors
- Language deficits
- Ritualistic/Repetitive
- Early onset
- Social deficits
- Complex Cognitive Profile
- Attentional Problems
- Medical concerns
Comorbid Conditions

• Commonly co-occurring conditions:
  – Seizure disorder
  – Gastrointestinal (GI) disorders
  – Sleep dysfunction
  – Sensory integration dysfunction
    • Hypo- or hypersensitivity
  – Pica
  – ADHD
  – Anxiety/PTSD
ASD vs PTSD

- ASD can put an individual at risk for PTSD
  - More exposure to bullying, isolation, and teasing
  - Increased hyperarousal
  - Increased risk for insomnia
  - Higher predisposition to anger and anxiety
  - Greater difficulty concentrating

(Gravitz, 2018)

Challenges in diagnosis:

- When trauma occurred

Image from (Stavropoulos, et al., 2018)
What is ABA?

• Evidenced based treatment to treat symptoms of ASD.
• Applied Behavior Analysis (ABA) is not a single treatment
• Rather, it is a body of treatments and a model of providing treatment
• ABA is an approach to understanding behavior and the role of the environment
• Could be used to target a large range of skills
  – Teaching language
  – Reducing problem behavior
  – Developing adaptive skills
• Emphasis on motivation and positive reinforcement
Instruction Challenges

• Difficulty with social situations
• Behavior problems
• Difficulty handling changes/being flexible
• Lack of observational learning
• Deficits in receptive language
• Difficulty generalizing skills
• Non-responsiveness
  – Low attention / distractibility
  – Repetitive behaviors
  – Difficulty communicating need for help
Strengths & Hints About Unique Learners

• Able to learn - may take some modification or additional repetition
• Point out the positives
• Strong special interests – connect with them or use it to help in teaching
• Tend to prefer consistency – try to keep things the same
Strategies for Working with Unique Learning Needs

1. Get their attention
2. Modify the environment
3. Give clear instructions
4. Motivation/Reinforcement
5. Modifying tasks – aides will help with that
6. Social Stories
7. Visual Schedules
Getting Attention

• Minimize downtime/ free time
• Give transition warning
• Use clear language
• Minimize distractions
• Use hands on activities
• Tell children to what you want them to be doing
  – Sit down instead of stop running around
Modifying Environment

- Posted rules with clear language
- Visual schedule
  - Transition warnings
- First / Then schedules
- Visual timers
- Minimize unused materials
Give Clear Instructions

• Characteristics of good instructions
  – Short
  – Tell children what to do
  – Clear (no extra language)
  – Give one direction at a time
  – Given in a calm even voice

• May need to model response
  – Show the child what to do (like this)
Motivation and Reinforcement

• Good praise is
  – Specific
  – Enthusiastic
  – Positive

• Some kids may struggle to complete tasks or be uninterested in completing certain tasks
  – Good time to use first / then schedule
  – First items should be the less preferred task and the second should be the preferred task
Modifying Tasks

• Some children may come with an aide or parent who will help with this

• A few common ways to modify tasks
  – Shorten task
  – Break up the task visually
  – Modify language requirements
  – Provide choice instead of open ended questions
  – Use visuals – have examples of finished projects
Most Problem Behavior can be Prevented

• Structured environment
• Schedule
• Alter activities / Take a break
• Redefine rules
• Separate children
• Provide reminders
• Establish alternative behaviors
Behavior Tips: What can we do?

• Be prepared!
  – Ask parents ahead of time if there are any behavioral concerns or situations that the child struggles with

• Make a plan
  – Plan for how you will address these concerns
  – Designate a person to help if any challenges arise
Behavior Tips: What can we do?

- Reinforce positive behavior
  - Praise and point out positive behavior
  - Ignore attention seeking problem behavior

- Redirect to task
  - Interrupt problem behavior
    - Be neutral
  - Redirect to an appropriate task
  - Remind (if appropriate) of rules
  - Reference visual schedule
Behavior Tips: What can we do?

• Give children an appropriate way to ask for a break
  – Many children with autism may find loud / hectic environments difficult to handle for extended periods of time
  – A break in a quiet calm area may help them calm down and rejoin the group
    • Pick out a place for this in advance
    • Assign a person to handle this if needed
    • Give them permission to ask for a break
      – Break card
Important Things to Consider

• What is age appropriate?
• What’s the function behind the behavior?
• Is it preventable?
• What are strategies that have worked in the past?
• Are there skills deficits contributing to the problem?
• Have least-restrictive consequences been tried first?
• Are there other contributing factors
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Child Development Center

- Multi-disciplinary Diagnostic Assessment
- Care Coordination
- Psychological Assessment
- Medical/Psychiatric On-going care
- Medical specialty care
- “Autism Treatment Network” research
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Parent Support / ARC

• Resource Coordination / Care Coordination
• Community Outreach Group
  • “Parenting Your Child with Autism”
• Family Support Groups
• Triple P (Positive Parenting Program)
• Triple P - Teen
• Triple P - Individual Parent Training
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Behavioral Intervention Program

• Toddler Program (0-3 yrs)
• Early Intervention (3-7 yrs)
• School-Age (7-14yrs)
• Transition/pre-vocational (14+)
CASD TRANSITION PROGRAM

Team-based services

Behavior Consult

Skill Building

Adaptive Counseling

iWork

Future Planning

Parent and/or staff training and education
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Complex Behavior Program

• Brief Behavior Consultation
• Community-based-Standard
• High-Functioning/Co-treat Model
• Day Treatment Program
  • Bridge Services
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Outpatient Psychotherapy Program

- Group Psychotherapy (w/parents)
- Anxiety Groups
- Social Skills Groups
- Girls Groups
- Individual Psychotherapy
- School Consultation
- Behavioral Consultation/Parent training

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When your child needs a hospital, everything matters.
How to get connected?

• Behavioral Health Intake
  • 614-355-8080

• Autism Resource Coordinators
  – 614-355-7500
  – AutismResourceCoordinator@nationwidechildrens.org
  – Intake paperwork, Intake Appointment
Other Resources

• County Board of Developmental Disabilities
• Home Health Hours
• Autism Scholarship
• Opportunities for Ohioans with Disabilities
County Boards of Developmental Disabilities

- Eligibility Process
  - Intake paperwork
  - OEDI/COEDI
- Service Coordination
- County Funded Therapies
- Respite services
- Waivers
  - Level One
  - I/O
  - SELF
Autism Scholarship

• Must have an IEP under the category of autism
• Can take the Autism Scholarship to attend an Autism Specific School
  – Pays up to $27,000/year
  – Can search for providers on ODE’s website
• Limitations:
  – Often times does not pay for therapies
  – Transportation is not provided
Respite Services

- County Boards
- Some managed care plans are offering it
- Boundless:
  - Respite services provide relief to regular caregivers in Franklin County by offering short- to medium-term care for adults or children with developmental disabilities.
  - [https://iamboundless.org/respite-2/](https://iamboundless.org/respite-2/)
Opportunities for Ohioans with Disabilities (OOD)

• Employment focused

• Eligibility Process
  – Should start this process around the age of 16

• Services offered
  – Summer work experiences
  – Job development
  – Job Coaching
Autism Response Team

• The Autism Response Team (ART) is an information line for the autism community. Our team members are specially trained to provide personalized information and resources to people with autism and their families.

• How to contact ART
  – Call our toll-free number or send us an email – we’re available between 9am and 5pm in all time zones. Live chat is also available between 9am and 2pm ET.
  – Your call will be routed to the team member for your region. We also have a dedicated Spanish language toll-free number.
  – 1-888-AUTISM2 (1-888-288-4762)
  – En Español: 1-888-772-9050
  – familyservices@autismspeaks.org
Other Helpful Links

- OCALI (ocali.org)
- Autism Speaks
  - Toolkits (IEPs, puberty, sleep, dental, etc.)
- Bureau for Children with Medical Handicaps (BCMH)
  - Utilized to cover the initial diagnosis NOT treatment
- Help Me Grow (ages 0-3)
  - www.ohiohelpmegrow.org
For More Information…

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