

HIGH FUNCTIONING AUTISM: PROVEN AND PRACTICAL INTERVENTIONS FOR CHALLENGING BEHAVIORS

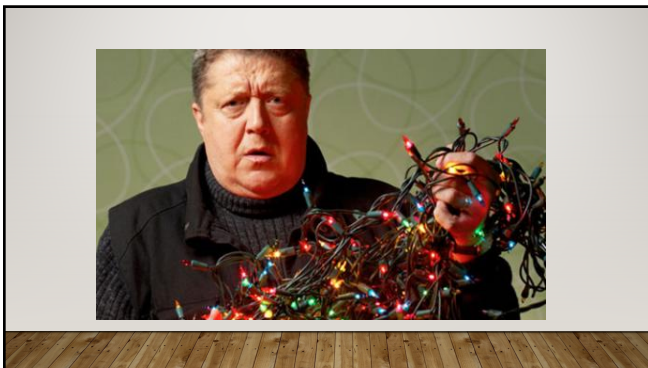
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AND ASSOCIATES

TOPICS COVERED

- Updates to criteria: What is ASD?
- ASD in the classroom/school setting (common challenges; skills deficits)
- Interventions with independence and self-advocacy in mind



IN ORDER TO UNTANGLE

- Understand Autism
- Understand High Functioning Autism
- Appreciate how individuals with ASD think, process information, and communicate
- Realize the role of comorbid disorders in ASD
- Recognize what social thinking is and common social skill deficits
- Grasp the importance of sensory experiences
- Distinguish between functions of a behavior and figure out how to manage appropriately

DSM-V CRITERIA: A. PERSISTENT DEFICITS IN SOCIAL COMMUNICATION AND SOCIAL INTERACTION ACROSS MULTIPLE CONTEXTS, AS MANIFESTED BY THE FOLLOWING, CURRENTLY OR BY HISTORY

- I. Deficits in social-emotional reciprocity
- Abnormal social approach; failure of back and forth interactions; reduced sharing of interests, emotions, or affect; failure to initiate or respond to social interactions.

APA, 2013

2. Deficits in **nonverbal communicative behaviors** used for social interaction

- Poorly integrated verbal and non-verbal communication
- Abnormalities in EC and body language
- Deficits in understanding use of gestures, nonverbals
- Lack of nonverbals or expressions



- 3. Deficits in **developing, maintaining, and understanding relationships**
 - Difficulty adjusting behavior to social context
 - Difficulty in sharing imagination
 - Difficulty making and keeping friends
 - An absence of interest in peers


SOCIAL COMMUNICATION MISUNDERSTOOD

- He's so "SOCIAL!"
- She makes *eye contact*
- He plays *pretend*
- She wants friends...she even *has friends!*
- He has *conversations* with us
- Sometimes she's totally "normal!"

DSM-V CRITERIA: B. RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOR, INTERESTS, OR ACTIVITIES, AS MANIFESTED BY AT LEAST 2 OF THE FOLLOWING, CURRENTLY OR BY HISTORY:

I. Stereotyped or repetitive motor movements, use of objects, or speech

- Simple motor stereotypies
- Lining up toys
- Echolalia (immediate or delayed)
- Idiosyncratic phrases



APA, 2013

2. Insistence on **sameness, inflexible adherence to routines, or ritualized patterns** of verbal or nonverbal behavior

- Extreme distress with changes
- Difficulty with transitions
- Rigid thinking



3. Highly **restricted, fixated interests** that are abnormal in intensity or focus

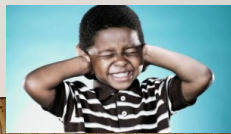
- Strong attachment to or preoccupation with unusual objects



- Excessively circumscribed or perseverative interests

4. Hyper- or hypo-reactivity to **sensory input or unusual interest** in sensory aspects of the environment

- Indifference to pain/temperature
- Adverse response to sounds/textures
- Excessive touching or smelling of objects
- Visual fascination with lights or movement



- C. Symptoms must be present in the early developmental period **(but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life)**
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning
- E. Disturbances are not better explained by intellectual disability or global developmental delay

APA, 2013

IT'S ALL AUTISM SPECTRUM DISORDER

- Asperger's Disorder and PDD are now classified under ASD
- Verbal language deficits are de-emphasized
- Focus is on the brain
- Level of support needed across each domain
- AND MAYBE MORE...Now you can also have ADHD

ASD IN THE CLASSROOM

- Challenging behaviors
- Problems with peers
- Social behaviors that can be disruptive, odd, embarrassing, awkward...for everyone
- Problems with organization, attention
- A strong dislike for anything seen as boring or pointless

OFTEN BOILS DOWN TO

- Misunderstandings
- Confusion
- Taking offenses personally
- Power struggles
- The demands exceed the individual's capacity, skills, or abilities

UNTANGLING

- Strengths/Interests – What does this student do well? What does this student enjoy? How/when/where does this student shine?
- Deficits and Challenges – From social, behavioral, emotional, and academic perspectives, where does this student struggle? When/where/under what circumstances do they have the most trouble?

UNTANGLING

- What can be taken away to make this student's day a little easier? What demands or expectations can be removed (even if temporary)?
- What needs to be increased or put in place to make this student's day easier or the teacher's day easier?

DEVELOPING A PLAN

<p>Strengths/Assets</p> <ul style="list-style-type: none"> - Within child, what does student do well? - What are student's interests or passions? - What strengths can be found in teacher, school, parents, family, community? 	<p>Weaknesses/Deficits</p> <ul style="list-style-type: none"> - What does child struggle with? - What makes it hard to connect with child? - What challenges can be found when you look to adults in child's life and environment?
<p>Increase/Put in Place</p> <ul style="list-style-type: none"> - What could be put into place to make life (for student, parent/family, teacher) easier? - What do you want to build on? 	<p>Decrease/Take Away</p> <ul style="list-style-type: none"> - What could be taken away to make life (for student, parent/family, teacher) easier? - What would you like to eliminate?

INTERVENTIONS FOR ATTENTION

- Understand distractions, what gets in the way of attending
- Direct instruction – put a plan in place, teach “blindners” or concrete strategies for putting distractions out of mind
- Use visuals and use visual maps

INTERVENTIONS FOR ATTENTION

- Adult help
 - Physical proximity
 - Physical prompts, cues
 - Checklists
 - Timers
- Use of fidgets/OT interventions
 - Fidget vs. Distraction
 - Toys vs. Tools



TIME MANAGEMENT (ACTUALLY MANAGING SELF WITHIN A GIVEN TIME FRAME)

- Analog: Develop sweep of time
- Wall clock
- Working clock: Shade, Mark, Check



INTERVENTIONS FOR IMPULSIVITY

- Teach waiting
- Put visuals in place
- Physical cues – a hand up, something to hold, fidget on wrist



INTERVENTIONS FOR ORGANIZATION

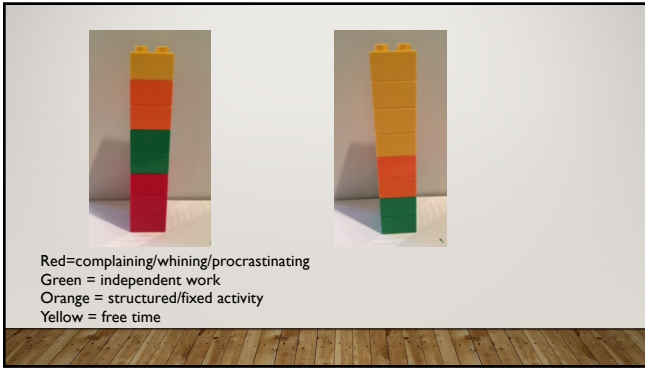
- Visual schedules
- First, then
- Visual cues – labeling, separating space with tape, color-coding
- Process and routines
- Planned (and routine) clean-outs
- Use calendars/agendas
- Prepare and build in wiggle room

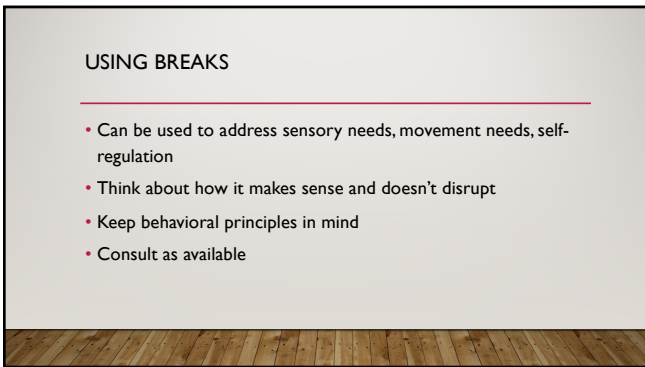




MAKING INDEPENDENT WORK LESS WORK

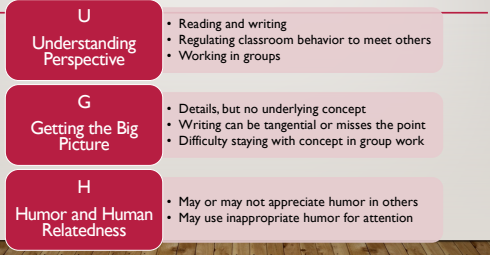
- Routine
- Chunk work
- Build in breaks (if needed, effective) and a reward (i.e., preferred activity)
- Estimated time, actual time
- Make the complaining/whining/procrastinating time visual



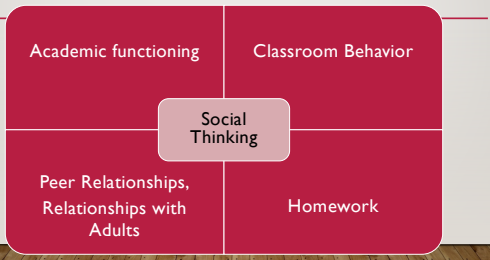




I LAUGH



IMPACT



WHAT TO DO

- I - teach what is expected directly (i.e., initiation response) and reinforce by giving information, clarifying, providing reassurance and positive reinforcement
- L – chunk information/demands into smaller parts, use visuals, teach directly how/why we use eyes and whole body for listening, teach directly how we figure out people's plans

WHAT TO DO

- A – consult with speech therapists and intervention specialists as available, increase your understanding and look for clues (i.e., odd responses/patterns of odd responses) and then adjust/clarify, look for opportunities to teach, predict, interpret others' intentional and unintentional communication

WHAT TO DO

- U – teach the cognitive concept of perspective taking, stress (and maybe stress again) thinking about others in the classroom, teach "thinking with eyes," understand reading comprehension challenges associated with weak perspective taking and scaffold/lead/use visuals

WHAT TO DO

- G – use graphic organizers to break information down into visual and concrete parts, teach directly how to discern the "main idea," "supporting details," etc
- H – teach time, place, and person, help differentiate friendly teasing from bullying/meanness, be aware of how these kids can be a target

SOCIAL SKILLS PROGRAMMING

- Individuals with ASD want to establish meaningful social relationships
- Skills to be successful socially may need to be taught directly
- Successful social behaviors are not always “proper”
- Requires an ability to adapt to our environment
- Teaching social skills may not feel comfortable (to you)

Bellini, 2006

THE “B” WORD

- It didn't make you feel good, but was it really “bullying”? Could it have been something else?
 - Friendly teasing
 - Just not thinking
 - Just being

FRIENDLY TEASING

- Someone is trying to joke *with* you
 - They want to have a good time.
 - They don't want to hurt your feelings.
 - They are usually friendly towards you.
 - They will probably stop (or change) if you ask them to.

JUST NOT THINKING

- Someone is just not thinking about you
 - They might be paying attention to something else.
 - They might be having a bad day.

JUST BEING

- Someone is "just being" and doing what they are supposed to do or what they want to do.
 - They might be cheering for their teammates.
 - They might be standing where they are supposed to or doing what their supposed to do (and it might not be what you want them to do).
 - They might choose something they want (and it might not be what you want).

"KID-COP" BEHAVIORS

- Rule follower
- Tattling, announcing every infraction
- Concrete
- Assist in understanding the difference between tattling, reporting, and asking for help
- Make a plan – allow a tally, private notes, scheduled "debriefs," secret codes

DIRECT, INTENSIVE TEACHING

- Make instruction direct and concrete: explain necessary details and make expectations clear
 - Social stories
 - Comic strips
 - Social autopsies – *draw it out then post-it notes
 - Video modeling
- Think about interpreting, preparing, and directing

Michelle Garcia Winner, 2007

EXPECTED/UNEXPECTED BEHAVIORS

- Social behavior mapping
 - Another form of a social narrative
 - Behavior
 - Others' thoughts and feelings
 - Consequences/what happens
 - How you feel

Michelle Garcia Winner, 2007

Behaviors That Are EXPECTED For Learning as Part of a Group in the Classroom				Behaviors That Are UNEXPECTED For Learning as Part of a Group in the Classroom			
Expected Behaviors	How They Show Others Feel	Consequences You Experience	How You Feel About THEMSELVES	Unexpected Behaviors	How They Show Others Feel	Consequences You Experience	How You Feel About THEMSELVES
<p>• Listen to others in a group</p> <p>• Give a good example of how to follow directions</p> <p>• Give an example of how to follow directions</p> <p>• Give an example of how to follow directions</p> <p>• Give an example of how to follow directions</p> <p>• Give an example of how to follow directions</p>	<p>Happy</p> <p>Relaxed</p> <p>Like</p> <p>Relaxed</p> <p>Relaxed</p>	<p>• I get to hear what others have to say</p> <p>• I get to help others</p> <p>• I get to be part of a team</p> <p>• I get to be part of a team</p> <p>• I get to be part of a team</p>	<p>Good</p> <p>Good</p> <p>Happy</p> <p>Relaxed</p> <p>Relaxed</p>	<p>• I don't listen to others in a group</p> <p>• I don't give a good example of how to follow directions</p> <p>• I don't give a good example of how to follow directions</p> <p>• I don't give a good example of how to follow directions</p> <p>• I don't give a good example of how to follow directions</p>	<p>Angry</p> <p>Relaxed</p> <p>Relaxed</p> <p>Relaxed</p> <p>Relaxed</p>	<p>• I don't get to hear what others have to say</p> <p>• I don't get to help others</p> <p>• I don't get to be part of a team</p> <p>• I don't get to be part of a team</p> <p>• I don't get to be part of a team</p>	<p>Bad</p> <p>Relaxed</p> <p>Relaxed</p> <p>Relaxed</p> <p>Relaxed</p>

THOUGHTS ABOUT YOU

- Uncomfortable thoughts/comfortable thoughts
- Memory Jars
- Memory Files



Michelle Garcia Winner, 2007

SUPERFLEX CURRICULUM

- Superheroes who embody concepts of social thinking skills
- Unthinkables who represent deficits (Rock Brain, Glassman, Wasfunnyonce)
- Strategies to defeat
- Offers a common language
- Maintain dignity
- Applicable to everyone... even you

Michelle Garcia Winner, 2007

ACADEMICS AND ASD DEFICITS

- Interpretation: "what is the most obvious answer?" Cognitive verbs: think, know, guess, decide, consider
- Writing: check to see if writing quality improves if they are able to pick the topic
- Teach idioms and common phrases

EVERYDAY STUFF

- Hidden curriculum, social rules
- Teach “time, place, audience”
- Sex education, puberty, and all of that really uncomfortable stuff we’d rather not address

FOR THE HEAD SCRATCHERS

- In the moment coaching, signals
- Plan for respectful way to give in the moment feedback

Michelle Garcia Winner, 2007

TEACHING PERSPECTIVE TAKING

- I think about you; you think about me
- I think about your intentions; you think about my intentions
- I realize you are having thoughts about me and I think about what you might be thinking about me; you do the same
- I regulate my behavior to keep you thinking about me the way I want you to think about me; you do the same

Michelle Garcia Winner, 2007

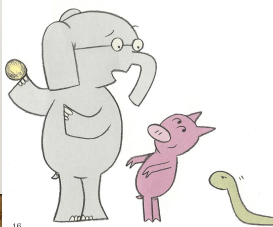
BODY AND BRAIN

- Teach about bodies – whole body listening
- Body in groups
- Brain in groups
- Size of your body/brain (text messages, too!)
- Thinking with your eyes

Michelle Garcia Winner, 2007



With our arms.



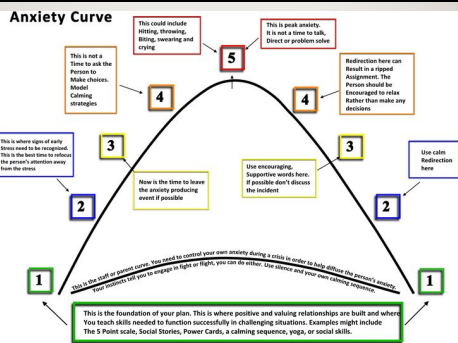
SOCIAL FILTER

- Use visuals to explain the concept of a filter
- Right place, right time, right people
- To lie or not to lie



SELF-REGULATION

Individual	Others
<ul style="list-style-type: none"> • Understanding • Identify (5 point scale) • Stop and Slow Down/Pause and Break • Follow plan 	<ul style="list-style-type: none"> • Understanding • Identify (5 point scale) • Stop talking • Make expected behavior clear and put supports in place to <i>shape</i>



Karin Dunn Burton

Name: David My School/At-Home Learning Scale

Rating	Looks/Sounds like	Feels like	Self people can help/ can do to
5	I am proud to be here and I don't need any help.	I am proud to be here and I don't need any help.	I will need an adult to help me learn more!
4	I am proud to be here and I don't need any help.	People are taking care of me, I feel safe.	Go to my room and ask for help. I will need an adult to help me learn more!
3	I am proud to be here and I don't need any help.	I am proud to be here and I don't need any help.	Write an idea about it. I will need an adult to help me learn more!
2	I am proud to be here and I don't need any help.	I am proud to be here and I don't need any help.	Ask my teacher, my friend, my parent. I will need an adult to help me learn more!
1	I am proud to be here and I don't need any help.	I am proud to be here and I don't need any help.	Ask my teacher, my friend, my parent. I will need an adult to help me learn more!

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Ask for help

Take a break

Calm body by...

Go to a quiet space

Move my body

Feelings	How I feel right now	What I can do	What can teachers do
 What is happening with me? I'm frustrated because _____ I think I'm in trouble. I'm not sure why _____ is upset I need help with _____ I don't understand _____ I am worried about _____ I can't get _____ out of my mind What could help? <input type="checkbox"/> Need a brain break <input type="checkbox"/> Go for a walk or get a drink <input type="checkbox"/> Take deep breaths/meditate <input type="checkbox"/> Talk to someone about size of the problem. <input type="checkbox"/> YP or MP? <input type="checkbox"/> Talk to someone about my feelings or draw them out <input type="checkbox"/> Write it down and recycle it	5 I need some help now! 4 I'm really upset 3 I've got a problem 2 Things are pretty good 1 Feeling Great! 	• Go to quiet room • Go take a break • Ask to take a break • Talk to someone about why you are upset. • Deep breaths • Tell a teacher you need some help • Ask a friend for help • Take deep breaths • Think good thoughts • Keep up the good work! • Have fun	• Give him a break • Use other page to try to determine why he is upset • Clarify directions • Help him get started • YP or MP • Size problem • Positive Encouragement • Reward system • Praise good work

ASK FOR HELP (WITH WORDS, CARDS, OR CODES)

- Ask for a minute (pause)
- Ask to slow down
- Ask for a break
- Ask for clarification
- Ask for guidance

PEER TRAINING

- Typical peers are taught strategies for engaging children with social cognitive deficits
- Can improve the child with ASD's classroom social skills
- Can decrease isolation and increase number of positive peer interactions
- Gains continue into future school year
- Michigan's Peer to Peer program

Kasari et al., 2012

USING PEERS IN OTHER WAYS

- Disclosure
- Make it a class-wide initiative
- Incorporate self-awareness, understanding, and self-advocacy

“I’M THE KIND OF PERSON WHO...”

- Help them understand themselves – what really bothers them, what seems to make it better, how do they relax?
- Capitalize on analytical skills, ability to be very matter-of-fact
- Capitalize on rules and social narratives
- Normalize it

BEHAVIORAL PRINCIPLES

- Reinforcement
 - Increases the behavior
 - Can be positive (put something in place) or negative (take something away)
- Punishment
 - Decreases the behavior
 - Can be positive (put something in place) or negative (take something away)

REINFORCEMENT

- Prefer reinforcement to punishment, particularly with skill acquisition (I don’t speak Spanish)
- Punishment continues the negative cycle, particularly with grudge-holders

APPLIED BEHAVIOR ANALYSIS

- ABCs (not just M&Ms)
 - Antecedent
 - Behavior
 - Consequences

FUNCTIONAL BEHAVIOR ANALYSIS

- Identify ABCs (Social Behavior Maps can help with this; BCBA's are better!)
- What does the behavior do for a person in that setting? What is the individual getting from exhibiting the behavior?
 - Escape/avoidance
 - Attention
 - Sensory
 - Rewards

Cipani et al., 2011

TAKE THE TEMPLE GRANDIN APPROACH

- Think about the student, material, environment, teachers, demands
- Think about what the student is *doing* that creates challenges for self, teacher, class
- Think about what the student is *not doing* that creates challenges for self, teacher, class
- Observe without thinking about data
- Talk to the student, parents, past teachers, outside providers

TOKENS, CHARTS, AND STICKERS

- Identify behaviors
- Identify reinforcers (pick a good one)
- Explain and engage
- Put plan in place and reinforce immediately (pair tangible reinforce with verbal or nonverbal)
- Shape/scaffold/fade as necessary

DECREASING BEHAVIORS

- Extinction – remove reinforcement (i.e., ignoring)
- Differential Reinforcement of Others – undesired behavior is ignored and alternate behavior is reinforced
- Time Out from Positive Reinforcement

ANTECEDENT BASED INTERVENTIONS

- Modify environment/context
 - Shorten tests, use more pictures, include the child's interests
 - Give choice
 - Intersperse high demand with low demand

Adcock & Cuno, 2009; Wong et al., 2013; Hume 2013

OUTSIDE OF SCHOOL

- There are parents
- There are other providers
- There may be medication
- There may or may not be sleep

TREAT SYMPTOMS, NOT ASD

- Medications used to treat co-morbid conditions such as **ADHD or anxiety** are often used
 - Stimulants to treat hyperactivity, impulsivity, inattention
 - Alpha Agonists (Intuniv, Tenex) to treat hyperactivity, impulsivity, attention, sleep problems, tics
 - Seizure medications (Depakote) to treat mood, aggression, self-injury
 - Anxiolytics – Buspar
- Monitor symptoms (frequency, duration, intensity), dose changes, life changes, behavior changes
- Side effects could be mistaken for behavioral symptoms, be attentive to med changes

Rosenberg et al., 2010; King et al., 2009

UNWANTED EFFECTS

- Daytime sleepiness
- Nighttime sleep problems
- Appetite changes
- Increased emotionality, irritability
- Increased anxiety
- Agitation, increased activity
- Black box warning

ANTIPSYCHOTICS

- Atypical antipsychotic: risperidone (Risperdal) or aripiprazole (Abilify)
- Effective in reducing hyperactivity, aggression and repetitive behaviors, often without inducing severe adverse reactions
- FDA approved both for treatment of irritability in children with ASD
- Adverse effects include weight gain, fatigue, drowsiness, dizziness, drooling, tremor, constipation, and gynecomastia

Kwok, 2016; Rosenberg et al., 2010; King et al., 2009

SEROTONIN REUPTAKE INHIBITORS

- Anti-depressants are sometimes used to treat **anxiety and repetitive behaviors** (1st line is fluoxetine/Prozac)
- May be of particular benefit in reducing repetitive behaviors, aggression and, perhaps, self-injurious behaviors

RESOURCES DISCLAIMER

- I am not affiliated with or compensated by any of the resources mentioned in this presentation. I simply find these materials and resources to be of great value in my clinical work and am only sharing these with you to make you aware of some "tools" that may be available to you.
- *Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professions standards.*

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