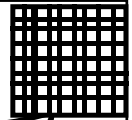


Getting Started with Young Children with Autism Spectrum Disorders:



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Always 3 Areas Affected:

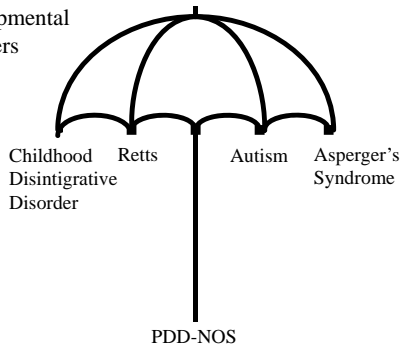


- ✓ Reciprocal Social Interactions
- ✓ Communication
- ✓ Interests and Attention

Development in these areas follows a **DIFFERENT** path than that of most children. Differences are **QUALITATIVE**, not merely the result of simple delays.

Pervasive Developmental Disorders

An "Umbrella Category"



(Pervasive Developmental Disorder-Not Otherwise Specified)

No one symptom can rule out autism—or prove a child has it

Defined by a cluster of behaviors in the three core areas

Must be a combination of symptoms

Over 2500 possible combinations



5

Autism occurs across a spectrum: no two children are alike



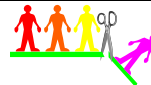
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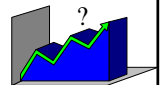
Autism Spectrum Disorders

- ▶ Developmental Disabilities (not visible at birth)
- ▶ Neurological in nature
- ▶ Found in all cultures and economic groups

Incidence Rates



- ▶ Estimates: 1 in 91
- ▶ Four times more common in boys
- ▶ Rates appear to be on the rise



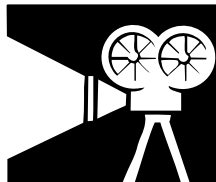
DIAGNOSIS

Is based on observable behavior

There is no medical test to diagnose autism or related disorders

Favorite TV "Shows"

Wheel of Fortune
Preview Guide
CMT; MTV
Jeopardy
Weather Channel



Why you SHOULD identify early

- Brain plasticity
- Speech "sensitive period"
- Research findings
 - Earlier treatment highly correlated with options at age 6
 - Verbal language by age 5 best predictor of future outcomes
- Rare resolution without active and intensive intervention



• Link children to services that will address their needs intensively during the preschool years

Proposed causes

- Refrigerator parents--1960s
- Vitamin Deficiency—1970s
- Auditory Processing Disorder—1980s
- Motor Apraxia—1980s
- Sexual Abuse—1980s
- Genetics—1980s
- Allergies—1980s
- Immunological deficiencies—1990s
- Enzyme Deficiencies—1990s
- Sensory Integration Disorder—1990s
- Conspiracy to inoculate—2000s

RED FLAGS



- Lack of proto-declarative point (to show)
- Lack of joint attention behavior (connecting up)
- Inability to follow joint referencing (eye gaze)
- Loss of language or social skills
- Inconsistent response to name being called
- Lack of gestures
- Inconsistent eye contact
- Delayed echolalia as primary communication

It is possible to identify children as young as 1 year old



and important to do so

12-24 months

- may need only very brief sleep
- some skill loss (language)
- hyper/hypo sensitivity
- entrenchment of rituals
- socially withdrawn
- echolalia
- may not show stranger anxiety
- little interest in exploring a variety of toys
- parents begin to worry about overall developmental pattern

24-36 months

- “leading” parents
- rhythms of speech odd
- mouthing persists
- visual preoccupations (fans)
- peculiar interest in repetitive visual displays (Preview Guide, Weather Channel, TV credits)
- splinter skills emerge (ABCs, numbers, computer, VCR programming)

(from Powers, 1992)

Evaluation

- Diagnostic Evaluation
 - Clarify/classify child's profile for medical or scientific purposes
 - Emphasis on specificity, precision
- Programmatic Evaluation/Screening
 - Classify child in order to determine
 - eligibility
 - appropriate services



Toddler Autism Characteristics

- Rare smiling responsively
 - Rare reciprocal affection
 - Lack of interest in peers/“friends”
 - No gestures to communicate
 - Inconsistent response to social bids
 - No sustained reciprocal play
 - Rare eye contact during social interactions
-
- Rare imitation of actions of others
 - Rarely try to get another person's attention for purely social reasons
 - Do not create play schemes or sequences with toys
 - Rarely engages in functional doll play (having dolls “converse”, act, etc.)

-Stone, 1997

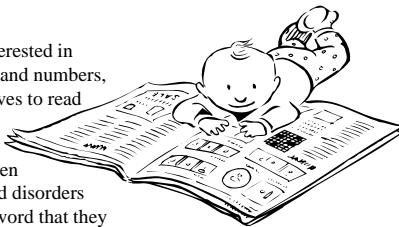
Common misconceptions

- Children with autism don't make eye contact
- Children with autism aren't affectionate and don't have attachment with parents
- Children with autism are mentally retarded
- Children with autism will probably never talk

Hyperlexia:

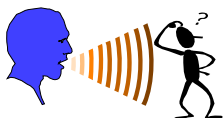
Some children are interested in print materials, letters and numbers, and can teach themselves to read words at a elementary school level.

However, few children with autism and related disorders understand strings of word that they can read during the preschool years.



Selective Listening:

Often, children with autism react inconsistently to sound--ignoring voiced input near them, while hearing or being bothered by sounds in other rooms (TV, potato chips...)



Autism

Strength/Tendency

Inconsistent eye gaze
Respond to others
Requests
Echolalia
Routinized interaction
Perserverative topics
Self-directed talking

Weakness

Joint attention
Initiate
Comments
Generate novel messages
Reciprocal interaction
Flexible chatting
Shared conversation

If you suspect an ASD

- Ask questions
 - Have you ever considered that the child's profile may meet criteria for an ASD...
- Do not say definitively that the child does or doesn't have autism
- Do not say you are sure it is mild or borderline
- Express your concern, you would like to be sure that the child is receiving the correct early intervention/education approaches to address his/her issues

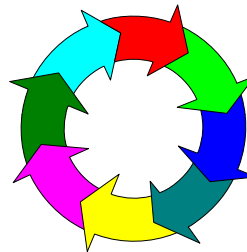
What to do?

- Refer for evaluation as soon as possible (if not evaluating)
- How to approach the topic with their families
- Refer to local supports (CARD, ASGO, ASA)
- Know about appropriate providers
- Refer to providers who collaborate
- Connect families to those who have been through this
- Educate families about the importance of aggressive early intervention
- Point families to parent training programs (Hanen, Parenting Tools)
- Educate the parents about transition (APD, school options)

How to give the news

- Outline the delightful characteristics of the child
- Outline the expectations that would be seen in typical development for a child this age in the areas of reciprocal interaction, communication and interests/attention
- Outline the things that the child is not doing for you at this point—realizing that you have a short snapshot of the child
- Outline how this pattern is consistent with and ASD (be specific as to which one, if you know)

Collaborating with Parents



- Empathy
- Communication
- Understanding
- Teamship
- Support
- Collaboration

Points to share

- Because there is no cure, they will have to be very good consumers, because there are many individuals who will be willing to take their money for the promise of a cure. Advise them to pursue treatments and programs with good scientific support that are recognized as appropriate by the medical and scientific community—research or evidence-based approaches.
- Point out the next steps to take

Remember...

- Inherent communication problems often lead to behavior problems
- Lack of predictability often leads to behavior problems
- A history of using behavior problems effectively to control their environments leads to behavior problems

Dealing with the “M” Word

- The decision to use medication to treat symptoms of ASD is the parents.
- There is no medication that directly addresses the core symptoms of ASD
- Data should be collected before and after a medication is started or changed.

Children with Autism CAN be expected to

- Eat at the table with peers
- Toilet train
- Clean up after themselves
- Dress themselves
- Share
- Take Turns
- Tolerate things they don't love

Data Collection

- Teachers will need help
- Nurse may be privy to changes and teacher kept blind
- Ratings on likert-type scales to measure both desired changes and potential side effects

It will be difficult for children with autism to learn to

- Wait without something to do to distract them
- Understand safety rules and dangers
- Understand the perspective of others
- Tolerate certain sensory input
- Make friends
- Carry on a two-sided conversation

But that doesn't mean we don't continue to work on these skills

Administering Medication

- Interface with prescribing doctors
- Use behavioral strategies/motivation systems
- Teach self management
- Educate parents
 - Tapering
 - Not running out...

Strategies to Avoid with Autism

- “Talking it out”
- Perspective taking—counseling
- Time out

The 4 Cs of Prevention

- Catch 'em being good
 - Praise appropriate behavior
 - Lots of attention for behavior you want to increase
- Clarity
 - Don't ask a question when you want follow through
 - K.I.S.S. (keep it simple, stupid!)
- Choices
 - Offer choices, especially when enforcing a limit
 - Choose your battles!
- Communication
 - Teach skills that help the child communicate
 - Feelings, needs, etc.

Grandma's Rule

- Grandma's rule
- First you eat your peas, then you get your ice cream

Key Targets for Effective Programming:

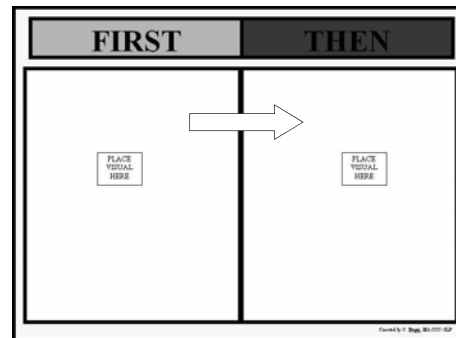
Engagement: Playing with toys, participating in activities, interacting with people.

Play Skills: Knowing what to do with toys; using toys in increasingly complex ways.

Communicating: Using words and gestures to let others know what is wanted or unwanted.

Independence: Doing things for oneself (at the appropriate developmental level).

Tolerance: Accepting things that are not exactly what is most enjoyable (peer proximity, activity participation, etc.)



Ideas

- Visual Supports
 - Timers, picture cues, schedules, signals, etc
- Classroom Arrangement
 - Modify task, seating, temperature, noise
- Be clear - in directions and expectations
- Increasing the Fun Factor
- Differential Reinforcement

WAIT-ASK-SAY-DO



- Praise children exhibiting desired behavior. **WAIT** for child to demonstrate desired behavior.
- **ASK** child what s/he needs to do. Praise child if s/he demonstrates behavior or tells you what s/he needs to do.
- **SAY** what the child needs to do. Praise for completions.
- **DO** desired behavior for child with physical assistance. Praise for completion.