

Autism Spectrum Disorder Diagnosis and Interventions



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A = ASSESSMENT IS ESSENTIAL



AUTISM

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COMPREHENSIVE DEVELOPMENTAL ASSESSMENT FOR ASD

- Screeners: Modified Checklist for Autism in Toddlers MCHAT
- Developmental /Cognitive Assessments: WISC, KABC
- Speech, Language & Communication Assessment
- Adaptive Behavioral Assessment: Vineland, ABAS
- Diagnostic History: Clinical Interview
- Diagnostic Assessment: Autism Diagnostic Observation Scale ADOS
- Prior reports and school reports/observation

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RISK FACTORS FOR AUTISM IN INFANCY

No babbling or cooing by 12 months

No single words by 18 months

No spontaneous two word phrases by 24 months

No use of social gestures by 12 months

No response to name

Limited imitation skills

Regression or plateau of skills

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SIGNS OF ASD IN TODDLER AND PRESCHOOL YEARS

- Repetitive movements such as hand flapping, rocking or pacing
- Intensive interest in a few special subjects
- Excessive lining up toys
- Trouble sensing or understanding the feelings of others
- Adherence to routines, schedules and systems
- Difficulty expressing emotions freely
- Repetitive words and phrases
- Strong emotions when unexpected changes occur

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AUTISM DIAGNOSTIC OBSERVATION SCALE

- Gold Standard for Assessing Autism
- Helps in the diagnosis across ages, language skills, cultural background and developmental levels
- Focuses on social and communication deficits
- Two Scales: Communication & Reciprocal Social Interaction Scale
- Divided into four unique modules

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MODULE ONE

- Preverbal and nonverbal children
- Free Play
- Routines with object
- Response to name
- Response to joint attention
- Bubble Play
- Functional Imitation

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MODULE 2

- Children with phrased speech abilities
- Conversations
- Task Demonstration
- Picture Description
- Make Believe Play
- Task Construction
- Book Reading

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MODULE 3

- Children and adolescents who are verbally fluid
- Conversation reporting
- Emotional analysis
- Social challenges
- Story creation

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MODULE 4

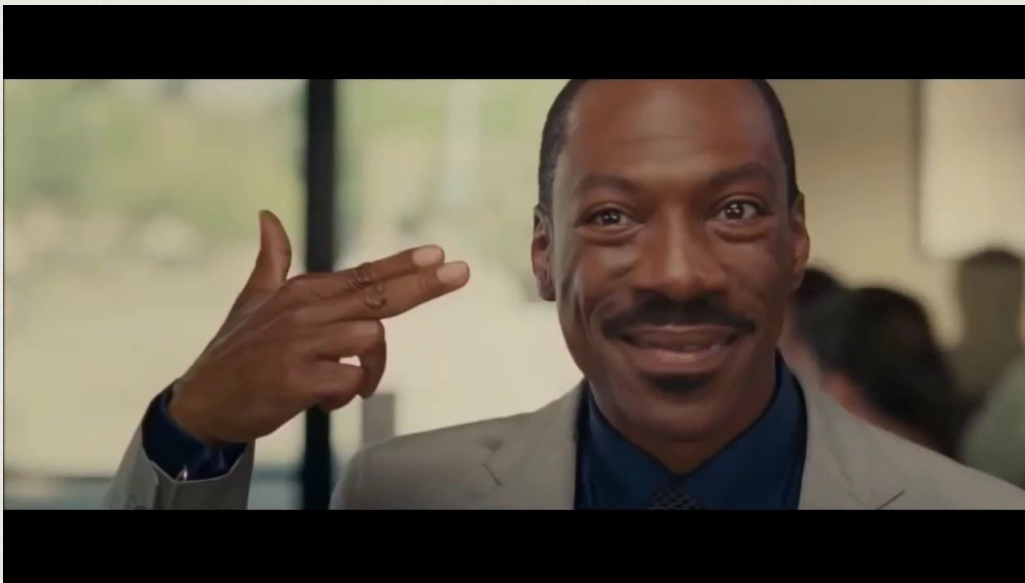
- Verbally fluent adolescents and adults
- Stories
- Work
- School
- Books
- Friendships
- Loneliness
- Relationships
- Future Plans

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ASSESSING NONVERBAL COMMUNICATION

- Prosody and intonation of speech
- Facial Expression
- Body posture and gesture recognition
- Proxemics: Interpersonal space and touch
- Objectives: Clothing, appearance, hygiene-recognizing social cues and providing them

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ASSESSING CONVERSATIONAL SKILLS

- Knowledge of conversational rules
- Ability to self-monitor
- Ability to peer monitor

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MALADAPTIVE CONVERSATION

- Overly Intrusive
- Fixation on topics of interest
- Limited responsiveness to indirect cues for conversational partner
- Failure to ask others about their thoughts, interests and experiences
- One-sided interactions rather than reciprocal
- Limited awareness of social boundaries

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ASSESSING FOR RESTRICTED & REPETITIVE BEHAVIORS

- **Motor Mannerisms** such as: hand flapping; finger posturing; rocking; jumping or spinning
- Fixation on objects or parts of objects
- Repetitious use of objects
- Intrusion of topics of interest

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AUTISM IN FEMALES

- Females may present with stronger social skills, including:
- Intact symbolic and imaginary play
- Larger emotional vocabulary
- Greater awareness and desire for social interaction
- Ability to mimic others in social situations
- May develop one or two close friends

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COMORBID DIAGNOSES

- Epilepsy/seizures (25-40%)
- Sleep disorder/disturbances (50 - 80%)
- Attention Deficit Hyperactivity Disorder
- Gastrointestinal Disorders (85%)
- Feeding/Eating Challenges
- Obesity (30%)
- Anxiety
- Depression
- Bipolar Disorder
- Intellectual Disability

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U=UNDERSTANDING THE SOCIAL DEFICITS OF CHILDREN AND TEENS ON THE SPECTRUM



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POOR SOCIAL COMMUNICATION

- Problems with topic initiation “Trading information”
- Stuck in the details
- Unexpected leaps in topic
- Pedantic style in speaking/poor speech prosody
- Difficulty interpreting verbal and nonverbal social cues
- Poor social awareness

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AUTISM AND DIFFERENCES IN SPEECH



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SOCIAL CHALLENGES FOR ASD INDIVIDUALS

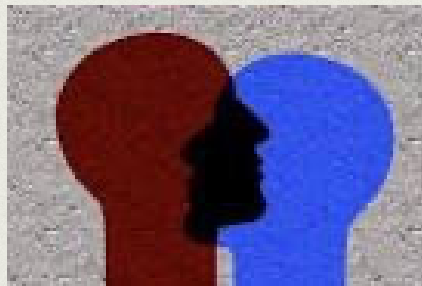
- Poor social awareness
- Difficulty interpreting social cues
- Less social engagement
- Inappropriate peer attempts
- Fewer reciprocal friendships

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T=THE CONSEQUENCES OF
SOCIAL DEFICITS



AU**T**ISM

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CONSEQUENCES OF PEER REJECTION DURING ADOLESCENCE

- Depression
- Anxiety
- Loneliness
- Low self esteem
- Substance Abuse
- Poor academic performance
- Early withdrawal from school
- Suicidal ideation and attempts



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IMPORTANCE OF FRIENDSHIPS

- Having one or two close friends:
 - predicts later adjustment in life
 - can buffer the impact of stressful life events
 - correlates positively with self esteem and independence
 - correlates negatively with depression and anxiety



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I=INTERVENTION IS KEY



AUTISM

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EDUCATIONAL & ORGANIZATIONAL SUPPORTS

- Visual Supports, Schedules & Sequences
- Social Scripts/Social Stories
- Augmentative or alternative communication
- First the/ If then statements
- Organize tasks into concrete chunks
- Token systems
- Close proximity to teacher
- Extended time on tests
- Social work services
- Speech therapy
- Occupational therapy

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VISUAL SUPPORTS

- Enhance predictability and routine
- Enhance the communication process
- Help individuals gain information
- Improve organization
- Foster learning more quickly
- Allow for individuals to complete more tasks independently
- Reduce anxiety, frustration and aggression related to task completion
- Improve ability to adapt to change

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SOCIAL SKILLS INTERVENTIONS



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FOR YOUNGER CHILDREN

- Attention to social stimuli
- Sharing skills
- Focus on peers



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FOR SCHOOL AGE CHILDREN

- Social Norms
- Routines
- Gender Relationships
- Focus on familiar social situations with peers



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FOR ADOLESCENTS

- Street smarts and less overt social expectations
- Monitoring self, others, and group interactions
- Focus on adaptive, community, and social skills



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SOCIAL COMMUNICATION AND INTERACTIONS

- Social Exchanges: Greetings
- Small talk
- Reading social cues
- Understanding hidden rules or boundaries
- Conversational Skills:
 - Initiating, maintaining, and ending a conversation
 - Sustaining topics of conversation
 - Moving between topics
- Self and Other Awareness:
 - Emotional Regulation
 - Recognition of other's emotions, facial expressions, and nonverbal
 - Etiquette of eating, grooming, and personal space

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CONVERSATIONAL TRAINING

- Increase spontaneous communication with peers
- Increase awareness of social rules and norms
- Increase repertoire of socially appropriate coping skills
- Increase of language to talk through novel situations
- Increase flexibility
- Break down nonverbal communication into physical body zones

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SOCIAL STORIES

- Routines
- How to do an activity
- How to ask for help
- Emotional regulation
- Understanding perspectives and intentions
- Conversational exchanges

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Sometimes I feel upset,
frustrated, and
angry.



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It's ok to feel angry.



All kids and grown-ups
get angry sometimes.

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When I feel angry there
are things I can do to
feel calm again.



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Here are some good things to do the next time I feel mad:



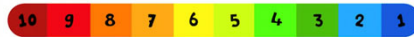
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I can use words and signs to tell people that I feel mad and need a break.



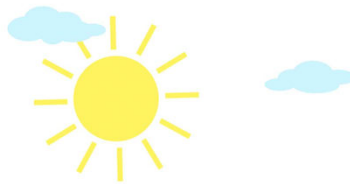
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I can slowly count
back from 10



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I can take deep breaths.



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I feel better when I am calm,
and proud of myself, too!



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Steps to Calm Down



1. Ask for a break.
2. Sit down in a break area.
3. Count to 10...Slowly!
4. Take a deep breath
5. Do you feel calm?

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INTENSIVE BEHAVIORAL HEALTH SERVICE

- Center based versus school/home-based treatment
- Ensure child/adolescent has medical assistance
- **Written order drives treatment:**
 - Provides diagnosis, the reason for treatment,
 - number of hours per service
 - Typical prescription depends on the setting

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BEHAVIOR CONSULTANT

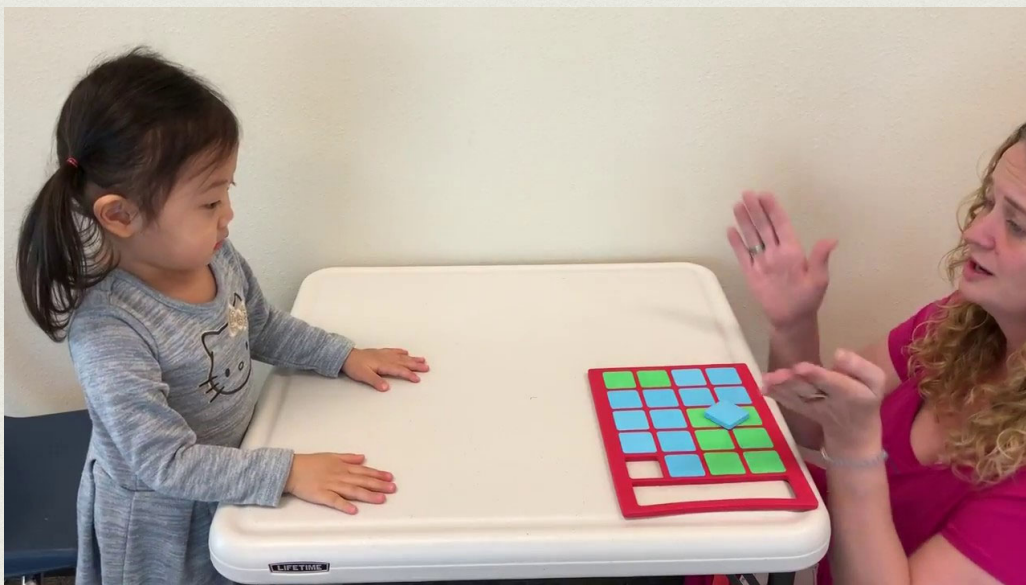
- Masters-level staff that supervises BHT and creates a treatment plan
- Board Certified Behavior Analyst
- Range of prescription 12-40 hours per month

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BEHAVIORAL HEALTH TECHNICIAN

- Direct treatment staff
- Must have a bachelor's degree in a related field and specific training in Applied Behavior Analysis
- Range of prescription 40-160 hours per month

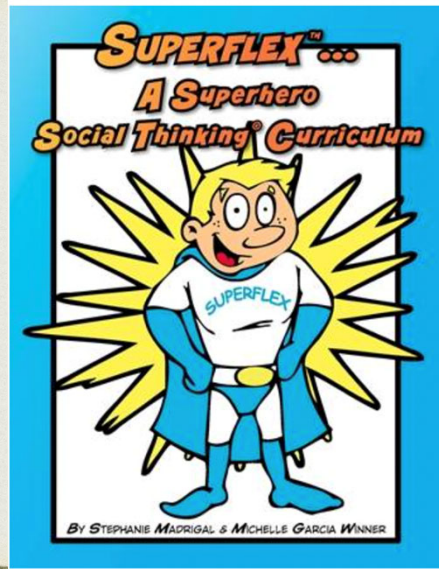
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SUPERFLEX

- Personalized Superhero Training Academy
- Paired with a 21-page comic book
- Tells the story of how Aiden gained his superflexible thinking powers to become Superflex
- Depicting behaviors as a comic book character helps to remove blocks to the student's awareness of the behaviors, where the superhero Superflex helps build the thinking required to regulate those behaviors



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PEERS: PROGRAM FOR THE EDUCATION AND ENRICHMENT OF RELATIONAL SKILLS

- World renowned
- Evidenced based social skills treatment
- Can be used for adolescents and young adults
- Developed at UCLA by Dr. Elizabeth Laugeson
- Presented in small group format
- Didactic lessons
- Concrete rules and steps for social etiquette
- Role playing demonstrations that model social behaviors using appropriate and inappropriate demonstrations

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HOW TO HAVE A CONVERSATION: BAD EXAMPLE



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HOW TO HAVE A CONVERSATION: GOOD EXAMPLE



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S= SUPPORT FOR THE FAMILY IS IMPORTANT



AUTISM

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SUPPORT FOR THE FAMILY

- Having a child with ASD affects the entire family
- Parents have to grieve the loss of some of the expectations they had for their child
- Siblings have to learn to deal with behaviors and developmental delays of sibling as well as the lack of their parents' attention



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EFFECTS ON CAREGIVERS

- Decreased parenting efficacy
- Increased parenting stress
- Financial strain and time pressure
- High rate of divorce
- Lower overall family well being

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SUPPORT GROUPS FOR FAMILIES

- SAFE: Supporting Autism and Families Everywhere
- ASERT
- Parent to Parent

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M=MANAGING AUTISM



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IT TAKES A VILLAGE

- Case management service - case coordination
- Medication Management- attention difficulties, sleep difficulties, anxiety, depression, mood, stomach issues
- Speech therapist- School, community, individual and/or group
- Occupational therapist
- Extracurricular activities: Challenger baseball, special olympics
- Parent Support: PLCTA (Parents loving children through autism); SAFE (Supporting Autism and Families Everywhere)
- Intensive Behavioral Health Services: Behavior Consultant; Board Certified Behavior Analyst; Behavioral Health Technician; Community and School Based Behavioral Health; Family Home Based, School Social Worker

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AUTISM

- **A** = Assessment is essential
- **U** = Understanding the social deficits of children and teens on the spectrum
- **T** = The consequences of social deficits
- **I** = Intervention is key
- **S** = Support for the families is important
- **M** = Managing autism: It takes a village

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QUESTIONS

AUTISM

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