TEACHING PROCEDURES AND PROGRAMS FOR LEARNERS DIAGNOSED WITH ASD

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AGENDA

1. Autism spectrum disorders
2. ABA & Assessment for intervention
3. Scientific evidence and early intervention
4. DTT, Stimulus Arrangements, and Exemplars

MISSION

- Implementing sustainable ABA practices with treatment integrity with improved outcomes for persons with ASD
  - 1:1 therapeutic environments
  - special education classroom
  - regular education classroom
  - schools in a district
  - schools in a state
  - across the nation
  - global initiatives
OBJECTIVE

• Building capacity within your schools, classroom, and home settings to serve and support persons with autism spectrum disorders (ASD) using Applied Behavior Analysis (ABA)

TAKE AWAY

• Evidenced based treatment
• Practice exercises
• Decision making

WHAT IS AUTISM SPECTRUM DISORDER?

“If you’ve met one child with autism, you’ve met one child with autism.”

Brenda Smith Myles
WHAT DOES IT TAKE?

- No medical test
- Lots of questions
- Restricted or repetitive behaviors
- Includes aversions and sensory issues
- Requires social communication deficits
- Can be diagnosed with other disorders

TAKE AWAY

- No to minimal biological markers to confirm diagnosis
- 20 – 35% higher risk for siblings
- Inflated use of diagnosis (2.6%)
  - False negative more common
- Predominant in males
- Difficultly with diagnosis for higher IQ and verbal

DIAGNOSIS: DSM5

- Persistent deficits in social communication and social interaction across multiple contexts
- Restricted, repetitive patterns of behavior, interests, or activities (may be subtle, complex routines)
- Severity ratings (support, substantial supports, very substantial supports)
**Social Communication**

- Limited to avoidant eye contact
- Limited use of gestures
- Difficulty with nonverbal communication (such as facial expressions)
- Lack of perspective taking
- Rarely engage in cooperative play

**Restricted Behaviors**

- Stereotyped or repetitive motor movements (use of objects, or speech)
- Insistence on sameness (inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior)
- Highly restricted, fixated interests (that are abnormal in intensity or focus)
- Hyper- or hypo-reactive to sensory input (or unusual interests in sensory aspects of the environment) (at least 2)

**Take Away**

- Qualitative impairments must be distinctly deviant relative to developmental level and mental age
- Manifestations vary greatly depending on developmental level and chronological age
- Manifestations vary greatly.

**Language**

- May be stilted and repetitive
- Voice may be flat and emotionless or exaggerated
- Conversations revolve around self
- Use & interpret language literally

**Perspective Taking**
- Ability to recognize other people’s feelings, thoughts, beliefs, & intentions and respond to person accordingly
- Problems understanding why people feel, think, and do the things they do
- Highly ‘egocentric’ view of the world

**Executive Functioning**
- Ability to plan & organize tasks, monitor one’s performance, suppress distracting stimuli, etc.
- Think in very concrete terms
  - Takes figures of speech literally
- Atypical sensitivity to sensory input

**Stressors**
- Social situations
- Changes in routine, expectations, staffing, etc.
- Unfamiliar situations
- Sensory experiences
- Demands/failures
- Commitment to “truth”
SENSE
• Very common
• Over- or under-sensitive to sensory stimuli
• Abnormal posture and movements of the face, head, trunk, and limbs
• Abnormal eye movements
• Repeated gestures and mannerisms

RIGIDITY
• Change in routine is very stressful
• May insist on SAMENESS
• Symmetry or completion is important
• Focus on preparing for change and transition, compensatory skills

Co-Occurring Conditions
• 70% of individuals have one co-occurring condition
• 40% have two or more (Siminoff et al., 2008)
• Intellectual Disability 30 – 51% (CDC, 2009)
• Seizures estimated 11 – 39% develop a seizure disorder (Danielsson et al., 2005)
• Sleep problems or disorders
• Feeding problems, selectivity, refusal
• Mental health: Depression, Anxiety, ADHD

Identified Prevalence of Autism Spectrum Disorder
ADOM Network 2000 – 2012
Combining Data from All Sites

<table>
<thead>
<tr>
<th>Surveillance Year</th>
<th>Birth Year</th>
<th>Number of ADOM Sites Reporting</th>
<th>Prevalence per 1,000 Children (Range)</th>
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<td>2000</td>
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<td>1994</td>
<td>14</td>
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<td>1996</td>
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<td>1998</td>
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<td>14</td>
<td>21.3 (14.4 – 28.2)</td>
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<tr>
<td>2012</td>
<td>2004</td>
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<td>24.6 (17.2 – 34)</td>
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• “Life-changing experience”
• Parenting Stress
  – 68% of parents report a moderate amount to a great deal of stress in finding treatments for their children with ASD (Interactive Autism Network, 2009)
• Sibling Relationships, Peer Relationships
• Individual Needs across the lifespan