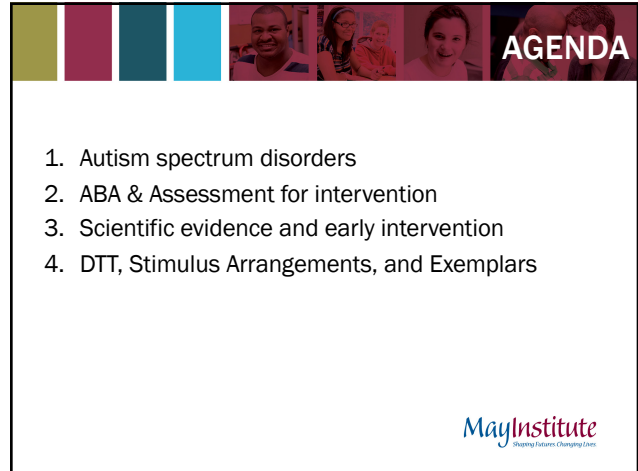


**TEACHING PROCEDURES AND PROGRAMS
FOR LEARNERS DIAGNOSED WITH ASD**

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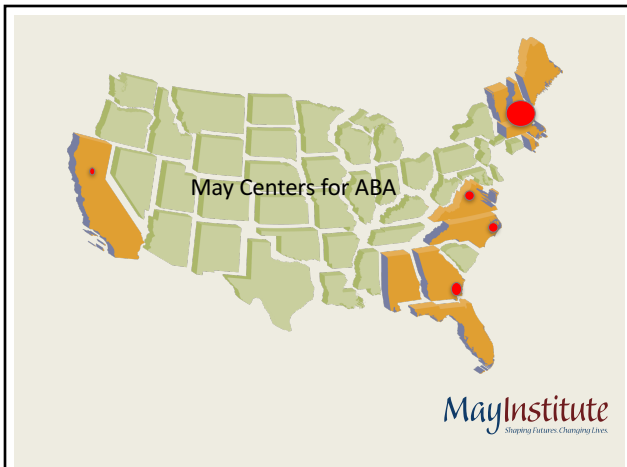
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AGENDA

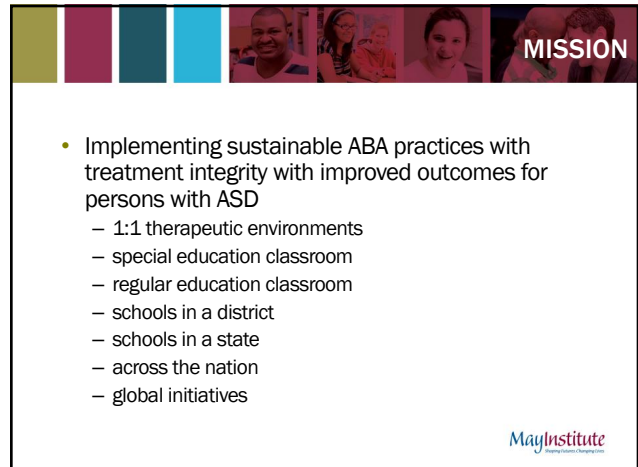
1. Autism spectrum disorders
2. ABA & Assessment for intervention
3. Scientific evidence and early intervention
4. DTT, Stimulus Arrangements, and Exemplars

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May Centers for ABA


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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

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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)

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TAKE AWAY

- Evidenced based treatment
- Practice exercises
- Decision making

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WHAT IS AUTISM SPECTRUM DISORDER?

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

Brenda Smith Myles

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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

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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
- Difficulty with diagnosis for higher IQ and verbal

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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)


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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

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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)

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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.

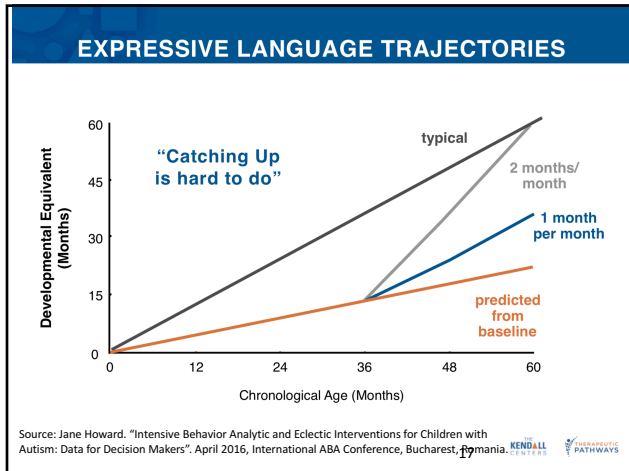
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LANGUAGE

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

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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

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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

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STRESSORS

- Social situations
- Changes in routine, expectations, staffing, etc.
- Unfamiliar situations
- Sensory experiences
- Demands/failures
- Commitment to “truth”

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SENSORY

- 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


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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

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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

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Identified Prevalence of Autism Spectrum Disorder				
ADDM Network 2000 – 2012				
Combining Data from All Sites				
Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Prevalence per 1,000 Children (Range)	This is about 1 in X children...
2000	1992	6	6.7 (4.5 – 9.9)	1 in 150
2002	1994	14	6.6 (3.3 – 10.6)	1 in 150
2004	1996	8	8.0 (4.6 – 9.8)	1 in 125
2006	1998	11	9.0 (4.2 – 12.1)	1 in 110
2008	2000	14	11.3 (4.8 – 21.2)	1 in 88
2010	2002	11	14.7 (5.7 – 21.9)	1 in 68
2012	2004	11	14.6 (8.2 – 24.6)	1 in 68



- “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

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