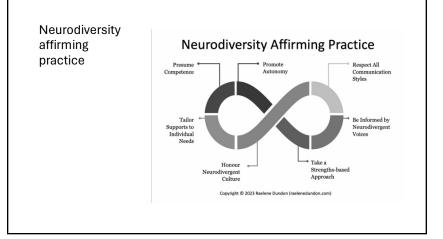
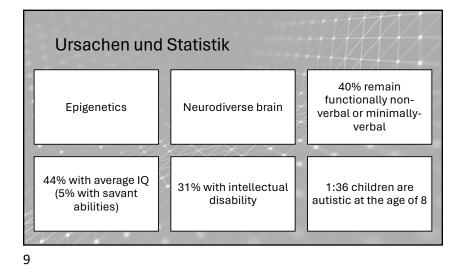
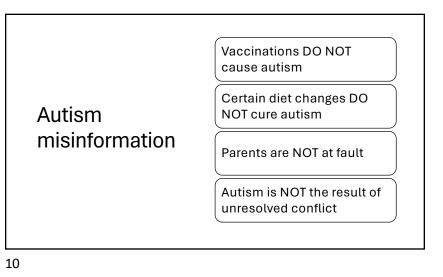


# Parents voices

- It feels like the type of autism my son has, still has to be hidden. He doesn't talk, he has hard times with small things in life, such as going to the store or when people come over. Anytime I go to the store other parents feel like they have to share their opinion with me, when my son is overstimulated. Am I supposed to lock him up? He can't advocate for himself, so I am his voice.
- Of course, I love my child. But, if my other kids also have needs. It's not fair to arrange our lives only after the needs of one child. Just because he has autism, I can't allow him to destroy the house when he is overstimulated. With intensive ABA he has learned to communicate to us his needs without having to destroy things or hit himself. Now we can go to restaurants, family events and he is even integrated into some mainstream classrooms. Some days he can't do that, but some other days are better.







# DSM-5TR Criteria

- 1. Persistent deficits in **social communication** and **social interaction** across **multiple contexts**, as manifested by the following, currently or by history (examples are illustrative, not exhaustive, see text):
  - Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
  - Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
  - Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

# DSM continued

- 2. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
  - Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
  - Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).
  - Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
  - Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

### DSM

- 3. 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 in later life).
- 4. Symptoms cause **clinically significant** impairment in social, occupational, or other important areas of current functioning.
- 5. These disturbances are **not better explained by intellectual disability** (intellectual developmental disorder) or **global developmental delay**. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

### 13

# Levels of autism

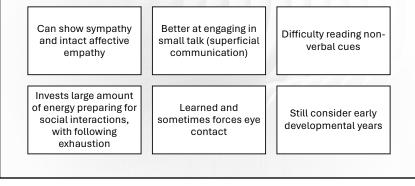
- Level 1 children need support.
- Level 2 children need substantial support.
- Level 3 children need very substantial support.
- · With or without accompanying intellectual impairment
- With or without accompanying language impairment
   (Coding note: Use additional code to identify the associated medical or genetic condition.)

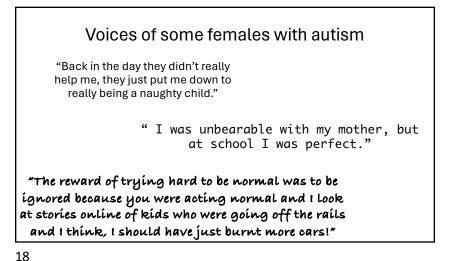
14

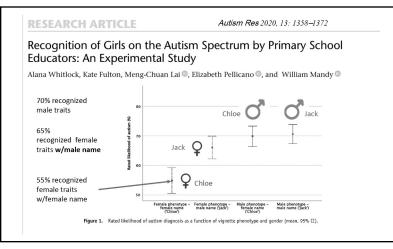


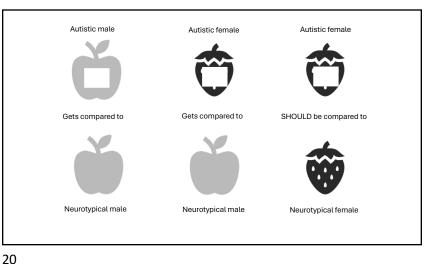
# Autism in females The same diagnostic criteria apply Barriers to diagnoses are present: • Parental concerns • Other's perception • Clinician perception • Clinician perception Success and competence in some domains does not rule out autism Positive traits may be suggestive of autism Sensory sensitivities May have unusual language/speech (prosody, semantics, sounds) Look for patterns of behavior (routines)

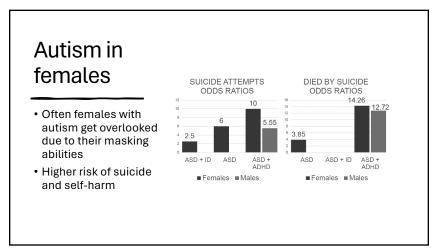
# Heightened *ATTENTION* to Socially Salient Stimuli

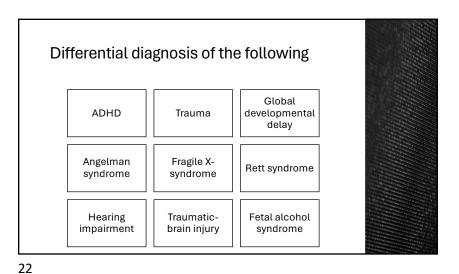


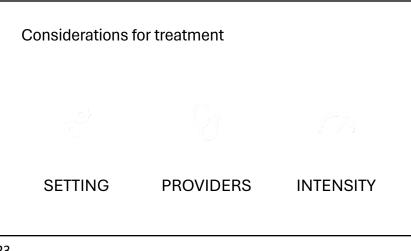


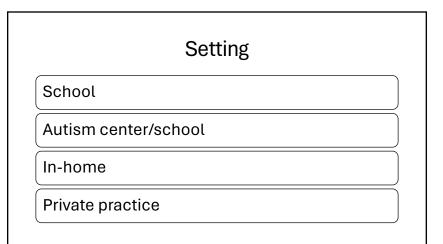


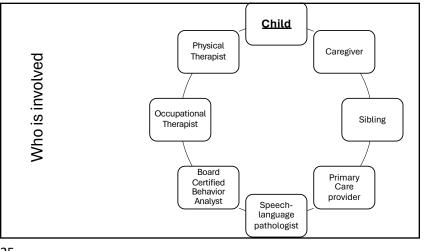


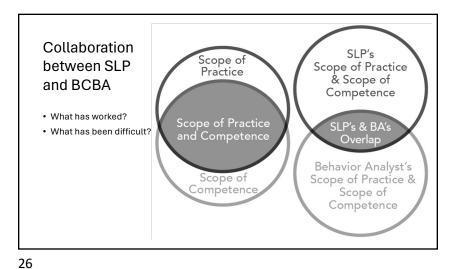






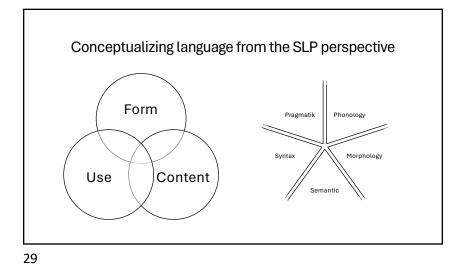


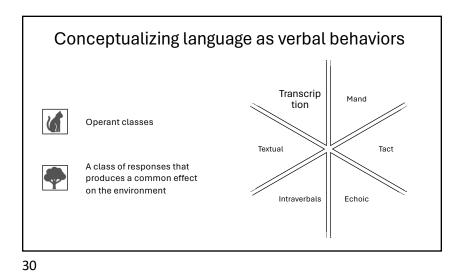






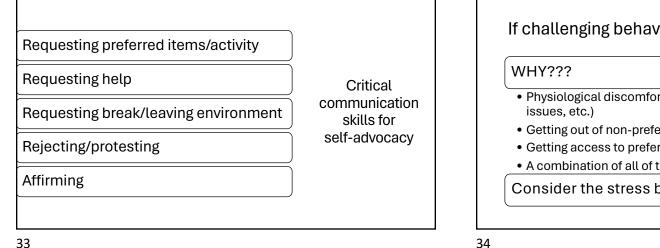
OPPORTUNITIES FO	R COLLABORATION
EECH-LANGUAGE PATHOLOGISTS	BEHAVIOR ANALYSTS
Behavior Management	Developmental Norms
	Articulation/Phonology Structures of Language
Data Collection Strategies	Feeding
Preference Assessments les and Tactics of Effective Teaching	Language Sampling Augmentative and Alternative Communication
	PEECH-LANGUAGE PATHOLOGISTS Behavior Management Functional Communication Training Single Case Design Methodology







	Often looks like challenging behavior • Functions can vary
Self- advocacy in autism	Language disorder prevents child from advocating for themselves
	Social demands are too high to access language
	Decision-making often done by other well-meaning people

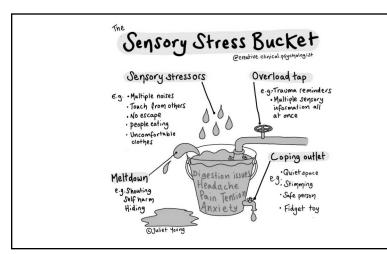




- Physiological discomfort (e.g. headache, toothache, GI-
- Getting out of non-preferred situations
- · Getting access to preferred items
- A combination of all of the above

Consider the stress bucket

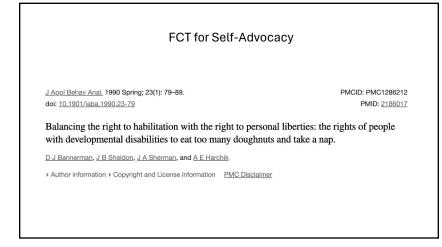
34



# **Functional Behavior Assessment** Positive reinforcement: Access to preferred item Positive reinforcement: Social attention Negative reinforcement: Escaping a situation Negative reinforcement: Avoiding a situation Automatic reinforcement: No external reinforcers necessary



- Most common and effective intervention for severe problem behavior
- The learner is taught an alternative response that results in the same class of reinforcement
- It has been shown to be effective for individuals with a variety of disabilities across different ages who engage in:
  - aggression, self-harm, motor and vocal disruption, inappropriate sexual behavior, and inappropriate communicative behavior



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# Communication tries to accomplish a balance

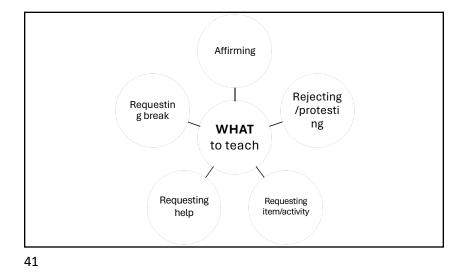
able to be flexible
doing nonpreferred activities
doing things in a
non-preferred way
going to nonpreferred places
being in the
presence of nonpreferred people

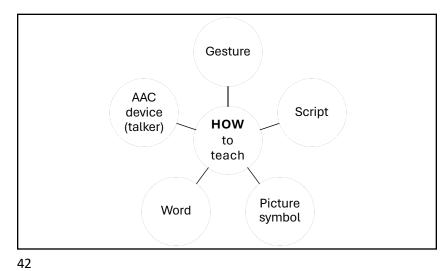


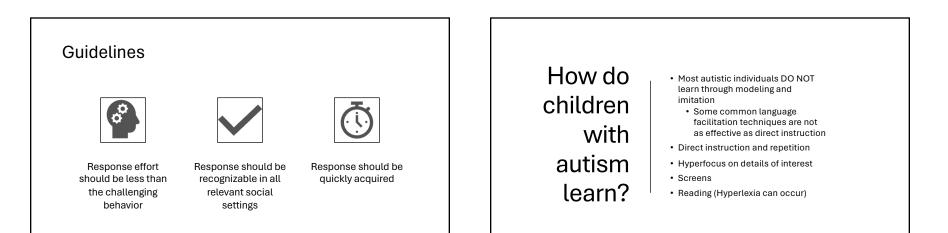
- getting breaks - getting attention - getting to meet sensory needs - appropriately rejecting activities - doing things the learners way - advocating for your own needs - etc.

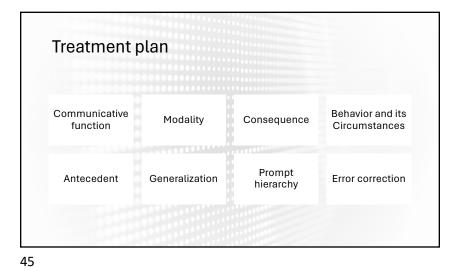
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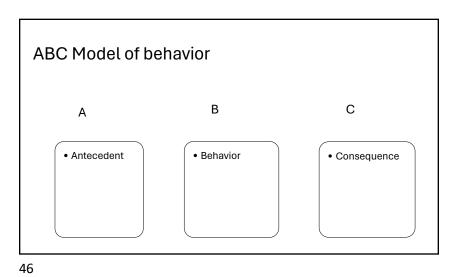
- etc.





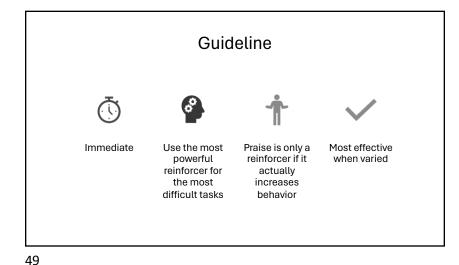


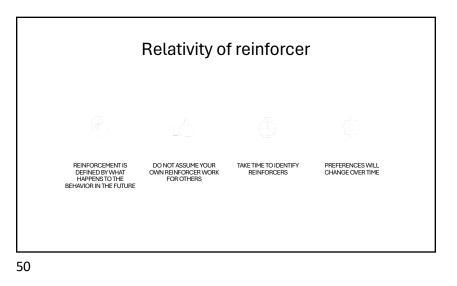


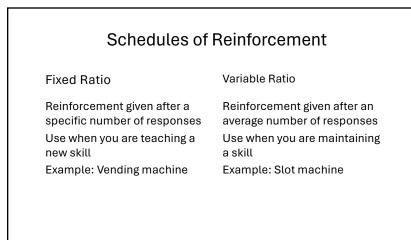


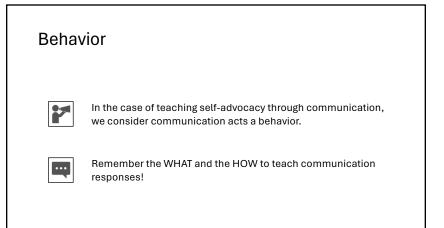
2 Types of Consequences Reinforcement Punishment Future rate of Future rate of behavior behavior increases decreases More likely to Less likely to occur under occur under similar similar circumstances circumstances

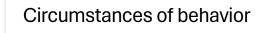
Quick review		
	Stimulus is added	Stimulus is removed
Behavior occurs again under similar circumstances	Positive Reinforcement	Negative Reinforcement
Behavior decreases under similar circumstances	Positive Punishment	Negative Punishment











• Under which circumstances does the behavior occur?

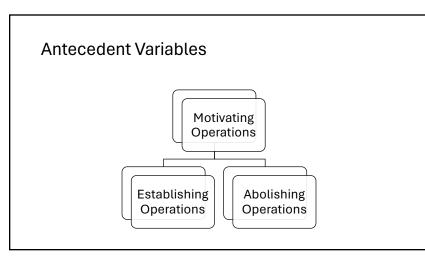
1. Spontaneously

2. Response to a question

3. Through imitation

Script

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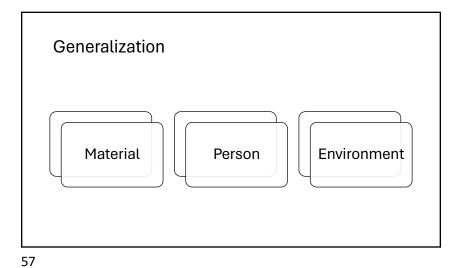
# Antecedents

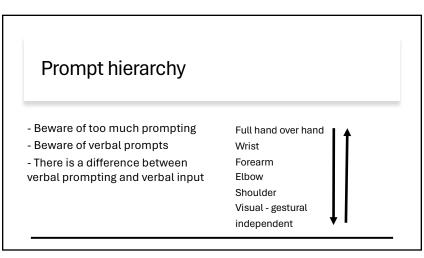
- SD (discriminative stimulus)
  - Signal the availability of a reinforcer
- S-delta • Signal die unavailability of a reinforcer
- Motivating Operations
  - Changes the value of a reinforcer

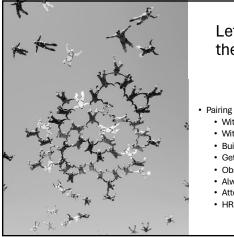
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# Antecedent

Antecedent		Behavior
No access	Can lead to	Spontaneous requesting
Asking a question	Can lead to	Responding to question
Modeling something	Can lead to	Attempt to imitate
Environmental arrangement	Can lead to	Compliance in therapy
Locked cabinet	Can lead to	Request for help
Broken toy	Can lead to	Initiation of communication
Visual schedule	Can lead to	Transitions between activities
Presence of preferred person	Can lead to	Engagement during therapy
Time on the clock	Can lead to	End of therapy
Street sign	Can lead to	Slowing down or yielding
Smell of fresh bread	Can lead to	Asking for a piece
Access to regular breaks	Can lead to	Fewer attempts to escape or avoid tasks







# Let's get started with therapy

- · With therapist
- · With environment
- Build connection
- · Get on the level of the child
- Observe the child and its preferences
- Always attend to the child
- · Attempt parallel play
- HRE (Happy Relaxed Engaged)

Requesting preferred items/activity

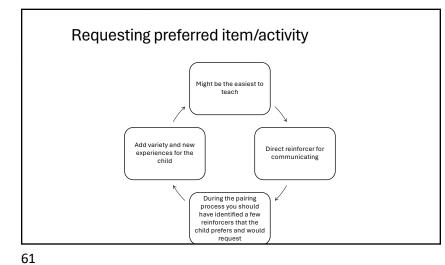
Requesting help

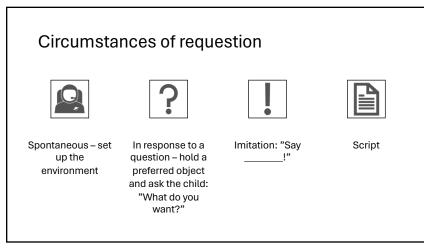
Requesting break/leaving environment

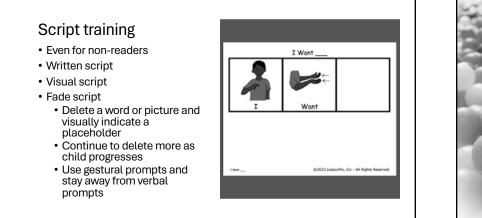
Rejecting/protesting

Affirming

Critical communication skills for self-advocacy







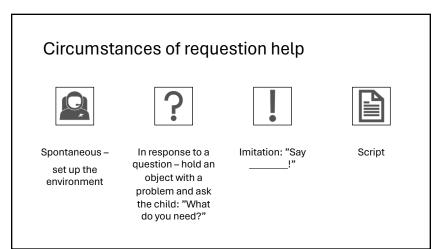




## Requesting help

- Child should initiate on their own
- Identify natural opportunities
- Create opportunities
  - Opening container
  - Pencil is not sharpened
  - A piece is missing No batteries

  - iPad not charged Others?
  - Other



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# Requesting a break

Replaces escape-maintained behavior

Everyday life can be a lot more challenging to manage for someone with autism and therefore higher cognitive load

Child should initiate the break

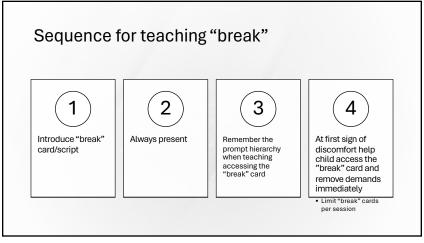
Break should have neutral activities and not highest preferred activities

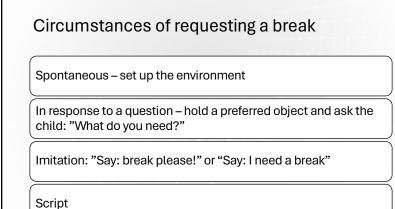
Short breaks, but more often

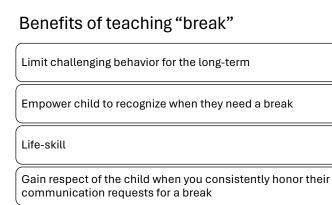
During the break no demands (including asking question or chatting)

After the break, return to the previous activity

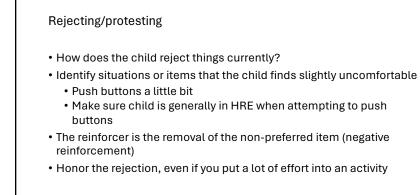








More likely to be okay when a break is not available

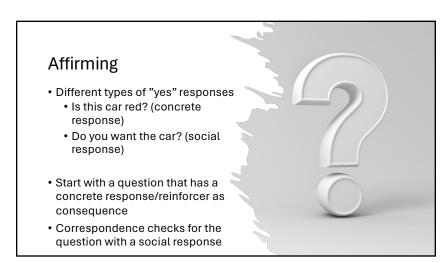


### Circumstances for rejecting/protesting

- Spontaneous set up the environment
- In response to a question hold a preferred object and ask the child: "Do you want me to stop?"
- Imitation: "Say: no thanks!" or "Say: stop!"

Script

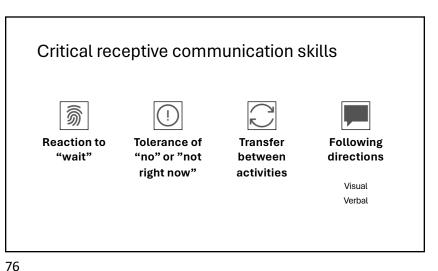
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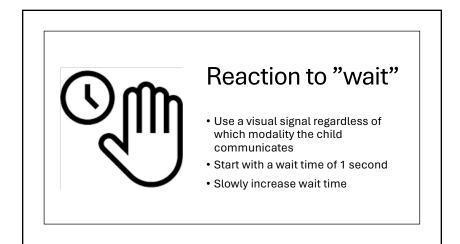


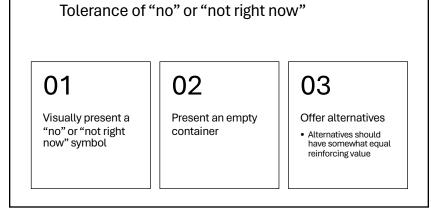
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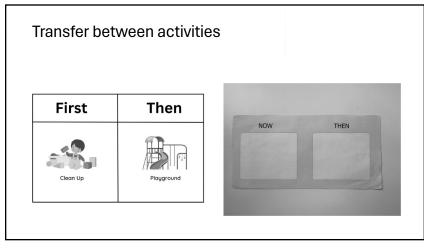
Requesting preferred items/activity **Requesting help** Review of critical Requesting break/leaving environment skills for Rejecting/protesting Affirming

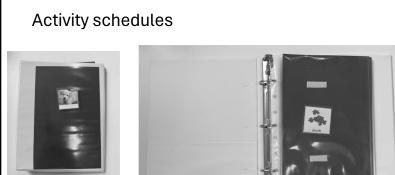
communication self-advocacy



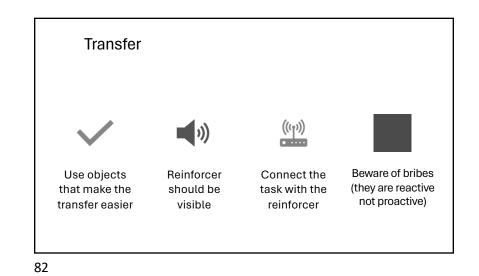


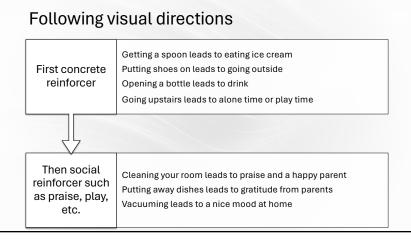










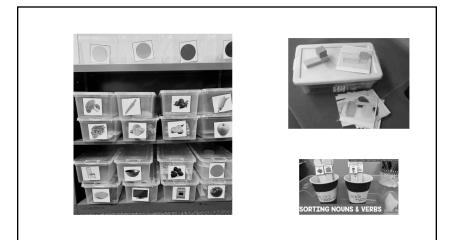


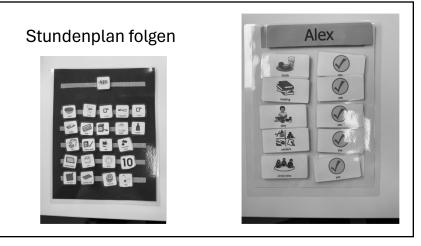


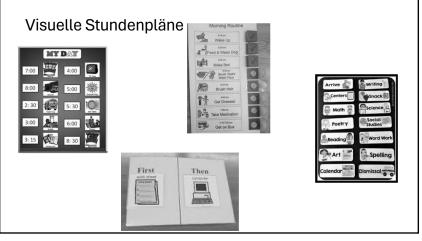




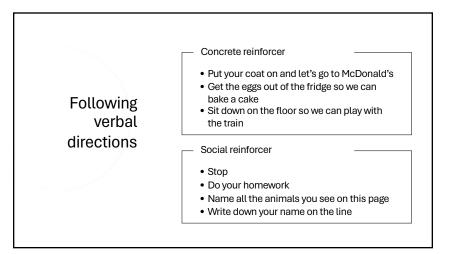


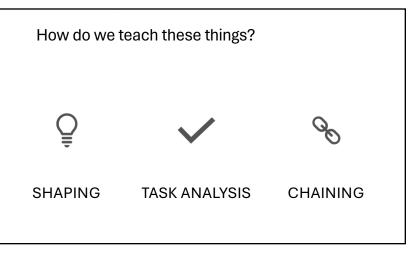


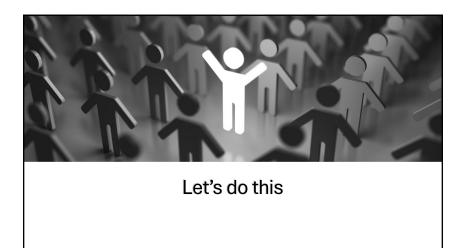


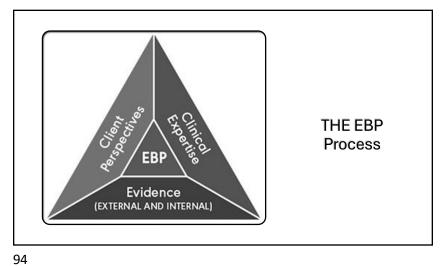


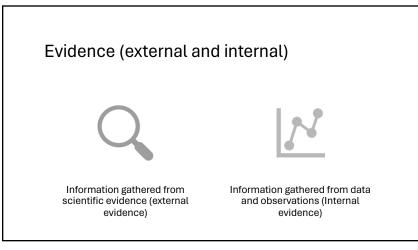












Gather	
Internal Evidence	Data collection
External Evidence	Scientific literature     How to do searches

