

AUTISM

in the wild

Training for **COMMUNITY PARTNERS**

presented by



ABOUT US



Holly BAHME LYTLE The ISAAC Foundation, Spokane, WA
Founder and Executive Director since 2007
Column writer for Spokane CDA Living Magazine
Autism parent

Training **OBJECTIVES**






- **Understand Autism Spectrum Disorders (ASD) and its characteristics and behaviors.**
- **Learn tools that will help educators and staff more effectively communicate and troubleshoot interactions with individuals with ASD.**
- **Executive function deficits and supports.**



what is **AUTISM**?






Autism is a complex neurological disorder that most markedly involve some degree of difficulty with:

COMMUNICATION

INTERPERSONAL RELATIONSHIPS

**RESTRICTED, OBSESSIVE AND
REPETITIVE BEHAVIORS**





the **SPECTRUM**

As the term “spectrum” indicates, there can be a wide range of effects. Those at the lower-functioning end of the spectrum may be profoundly unable to communicate and relate/interact with their surroundings or loved ones.

Those at the higher-functioning end may be able to lead independent lives but still be awkward in their social interactions.

autism **FACTS**



FOUR
out of
FIVE
ASD
individuals
you
encounter
will be
MALE

The Center for Disease Control (CDC) estimates that **1 in 59 children** has an autism spectrum disorder (ASD)

ASD affects **1 in 37 boys** WHILE ONLY AFFECTING **1 in 151 girls**

In recent years, the prevalence rate of autism has increased 10-17% per year which would indicate that by 2020, **1 in 12** children could be affected by an autism spectrum disorder

1970: 1 IN 10,000
2000: 1 IN 150
2004: 1 IN 125
2006: 1 IN 110
2008: 1 IN 88

2010: 1 in 68

2014: 1 in 59

Numbers show there is an

EPIDEMIC

In 2012, our own TACA organization surveyed families (2000 answered). It identified that families were spending an average of \$27,000 per year = over

\$50,000,000 in annual out of pocket expenses

80% of individuals with autism are **22** years or younger

It is estimated that costs are **\$3-5 million** per affected individual

In addition to medical costs, behavioral interventions for children with Autism cost **\$40,000-\$60,000** per child per year

autism CLASSIFICATIONS





DSM-IV vs. DSM-5

(occurred in 2013)

**Diagnostic and Statistical
Manual of Mental Disorders**

Quite simply, its how mental health disorders are classified and coded.



DSM-IV



Pervasive Developmental Disorders

PDD-NOS

Childhood Disintegrative Disorder

Rett's Syndrome

Asperger Syndrome

Autism

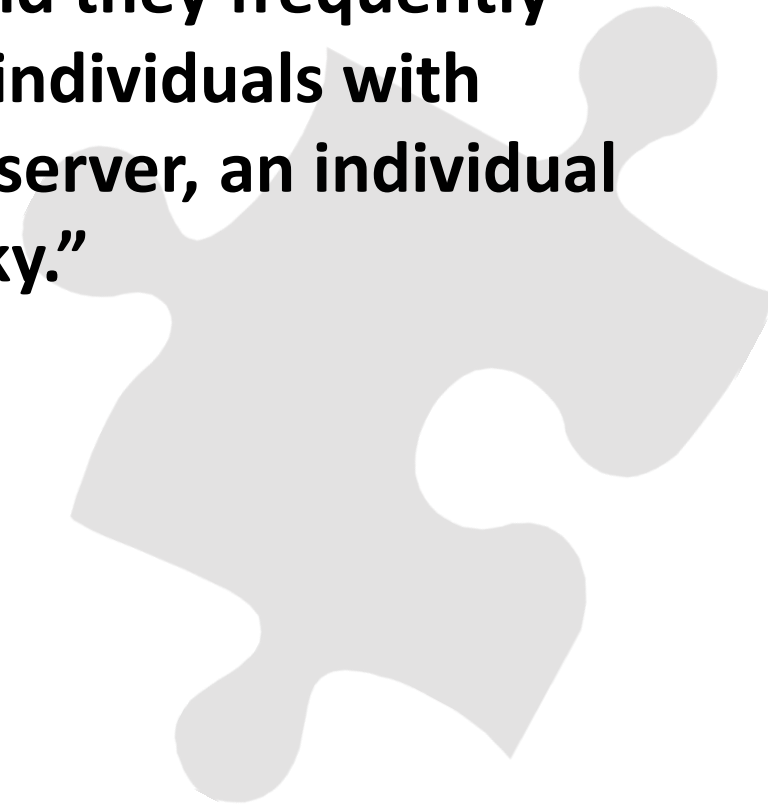
a-typical **AUTISM**

Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) was often referred to as atypical autism because the full criteria for an autism diagnosis are not met. This is most often the case when a child being evaluated is young and does not have the age appropriate developmental skills to be fully assessed/screened for autism (**usually social deficits**). Even though PDD-NOS was considered milder than typical autism, this is not always true.



aspergers **DISORDER**

What distinguishes **Asperger's Disorder** from classic autism are its less severe symptoms and the absence of language delays. Children with Asperger's Disorder may be only mildly affected, and they frequently have good language and cognitive skills. Generally individuals with Asperger's have high intellect. To the untrained observer, an individual with Asperger's Disorder may just seem a bit "quirky."



DSM-5

PDD-NOS

Childhood Disintegrative Disorder

Asperger Syndrome

Autism




Autism Spectrum Disorder

Autism Level 1

Autism Level 2

Autism Level 3



Rett's Syndrome
became own
DSM Classification

Autism Etiquette

While PDD-NOS is no longer a DSM-5 diagnosis and will be phased out in the coming years, some individuals may still refer to this as a diagnosis.

Asperger's Disorder is reclassified as ASD Level 1 in DSM-V. However older teens and adults may still prefer this term for self-identification as opposed to the term "autism."

"Aspie" terminology



Autism Etiquette

Person First Language:

Student with Autism vs. Autistic Student

Disabled vs. Differently Abled

ASD Level 3

Requiring **VERY Substantial Support**

Severe deficits in verbal and nonverbal social communication skills.

Very limited initiation of social interactions.

Minimal response to social overtures from others.

Inflexibility of behavior.

Extreme difficulty coping with change.

Restricted/repetitive behaviors markedly interfere with functioning in all spheres.

Great distress/difficulty changing focus or action.

ASD Level 2

Requiring **Substantial Support**

Marked deficits in verbal and nonverbal social communication skills.

Limited initiation of social interactions.

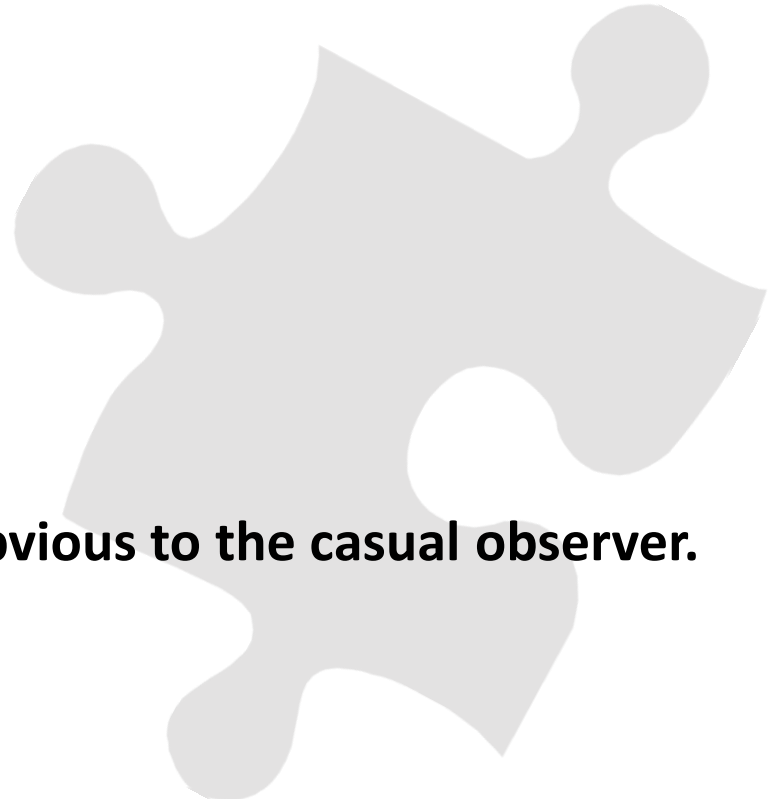
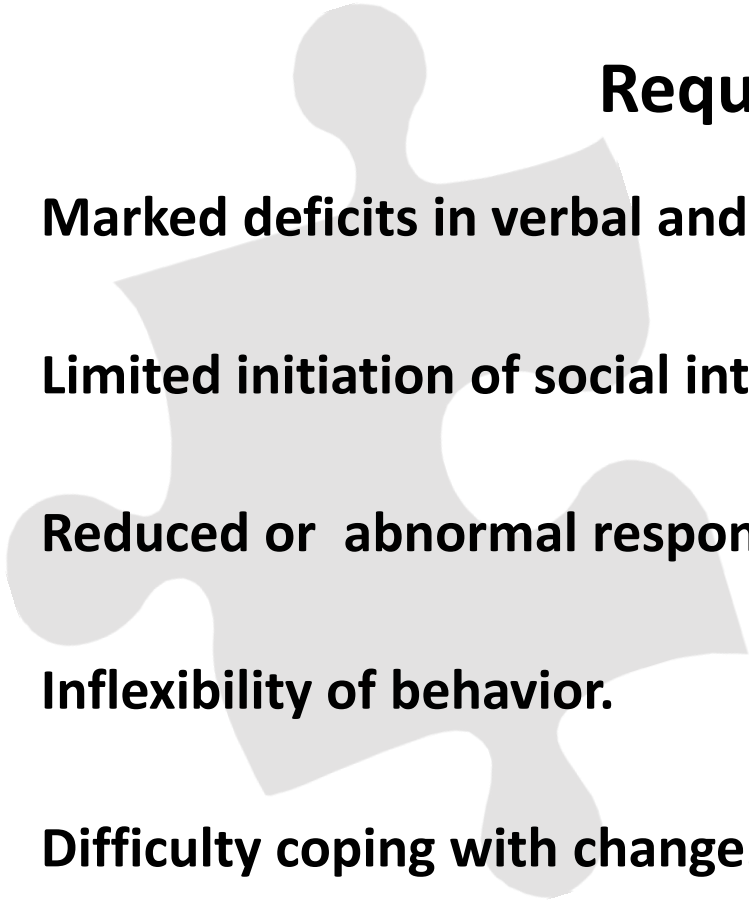
Reduced or abnormal responses to social overtures from others.

Inflexibility of behavior.

Difficulty coping with change.

Restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer.

Distress and/or difficulty changing focus or action.



ASD Level 1

Requiring Support

Without supports in place, deficits in social communication cause noticeable impairments.

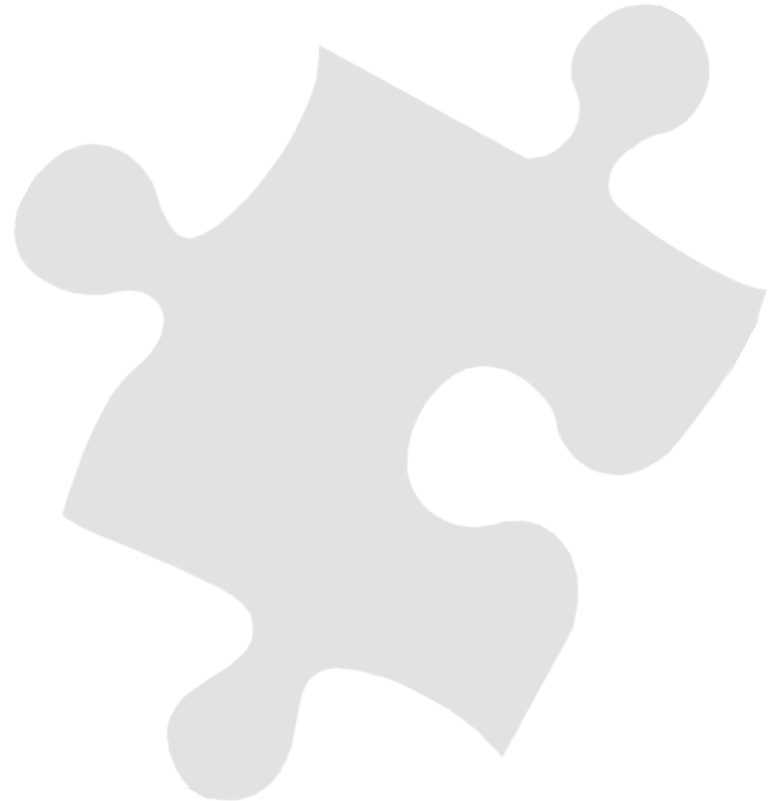
Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others.

May appear to have decreased interest in social interactions.

Inflexibility of behavior.

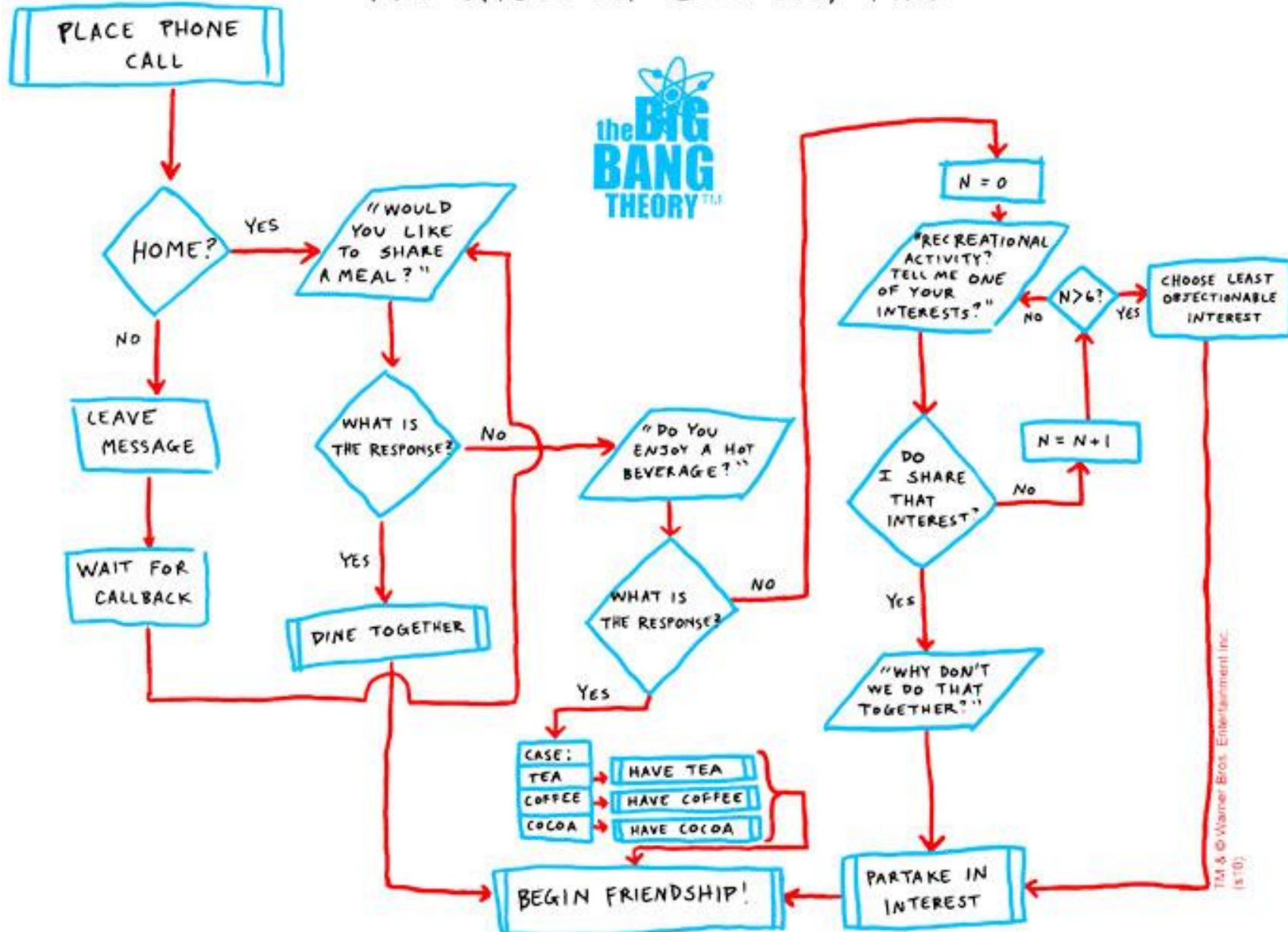
Difficulty switching between activities.

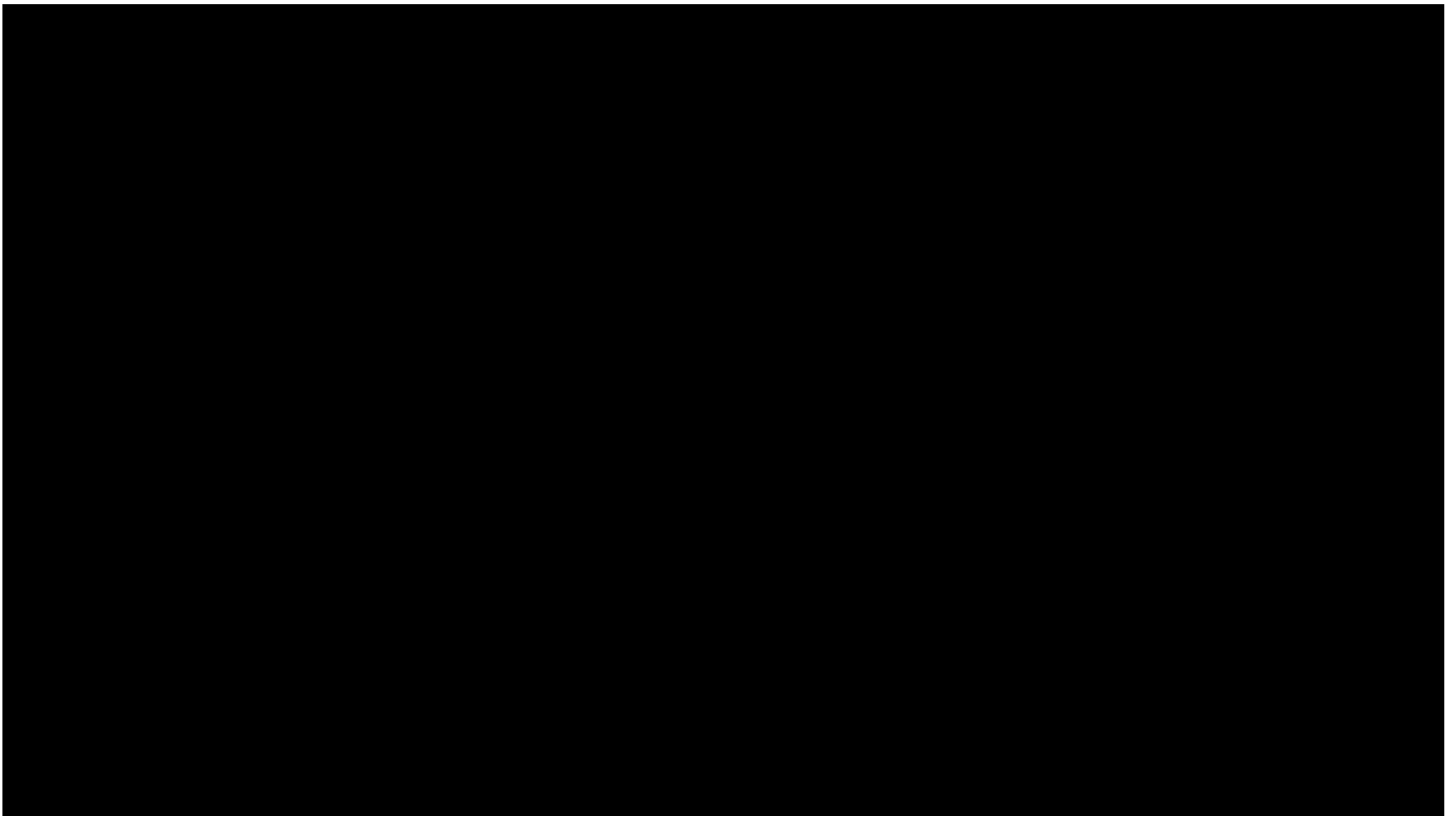
Problems of organization and planning hamper independence.



THE FRIENDSHIP ALGORITHM

DR. SHELDON COOPER, Ph.D





AUTISM IS A SPECTRUM DISORDER



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

Stephen Shore, EdD

body sensory **SYSTEMS**





PRIMARY

**sensory systems of the
body**

Sight

Sound

Touch

Taste

Smell

The body has **TWO HIDDEN** sensory systems

VESTIBULAR Sensory System

PROPRIOCEPTIVE Sensory System

SENSORY INTEGRATION is how the body processes information provided by **ALL SEVEN** sensory systems from the external environment.



SENSORY INTEGRATION DYSFUNCTION

is when the brain inefficiently processes information received from the sensory system about the environment.

While autism is often thought of a disorder of **UNUSUAL** or **BAD** behaviors, typically behaviors manifest as a result of sensory avoidance or the need for extra sensory information.

What is the **VESTIBULAR** Sensory System?





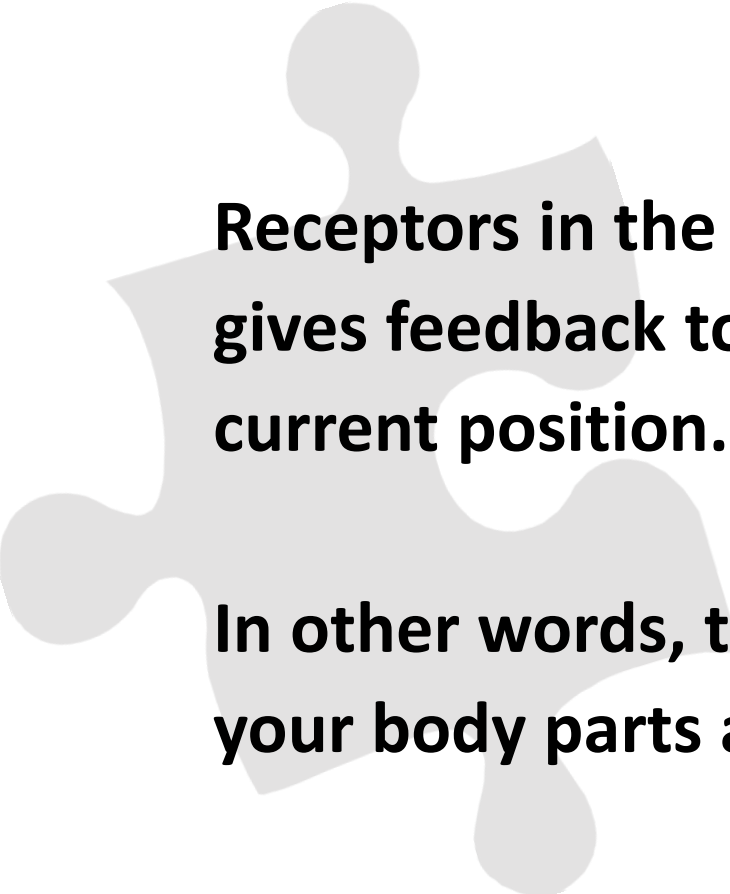
Sensory receptors in the inner ear relay messages about:

- head and body movement**
- center of gravity**
- acceleration and deceleration of body to the brain.**

Vestibular system is what keeps you balanced when standing or riding a bike and gives you the feeling of a gravitational pull.

What is the **PROPRIOCEPTIVE** Sensory System?





Receptors in the joints, muscles, ligaments and connective tissue gives feedback to the brain via the spinal cord about your body's current position.

In other words, this is the sensory system that tells you where your body parts are in space without having to look at them.





Sensory **AVOIDANT**

Individuals will be hypersensitive to sensations from the seven sensory systems and will avoid or become distressed with those sensory experiences.

Sensory **SEEKING**

Individuals will be hyposensitive (under responsive) to sensations from the seven sensory systems and often will excessively crave a sensory sensation to obtain information from the environment.

Common Sensory System **RESPONSES**



Sight

SEEKING response: Craves flashing lights

AVOIDANT response: Highly deregulated and reactive to flashing lights

Auditory/Sound

SEEKING Response: Migrates to or creates loud noises

AVOIDANT Response: Avoidant of undesirable decibels, pitches and tones. Often have superhuman hearing and can hear sounds others cannot.





Touch

SEEKING response: Seeks out deep pressure. Craves water. Bangs head and body into walls.

AVOIDANT response: Avoids contact with skin. Often avoids wearing clothing because it is painful. The slightest touch can trigger a violent or bolting response.



Smell

SEEKING Response: Drawn to bad smells.

AVOIDANT Response: Can become physically ill and overwhelmed due to smells (even those that are hardly noticeable).

Taste

SEEKING Response: Eats excessively and can eat inappropriate objects, foods and toxins.

AVOIDANT Response: Limits diet to a few food items most often due to texture issues.

Vestibular

SEEKING response: Craves spinning and jumping.

AVOIDANT response: Won't engage in activities where feet leave ground.

Proprioceptive

SEEKING response: Bangs into walls and furniture because it gives them better body awareness.

AVOIDANT response: Move slowly to track body parts. Tip-toe walker.



This animation gives the viewer a glimpse into sensory overload, and how often our sensory experiences intertwine in everyday life.

executive **FUNCTION**






Executive function is a set of mental skills that help you get things done.

These skills are controlled by an area of the brain called the prefrontal cortex.

Executive functioning allows us to access information, think about solutions, and implement those solutions.



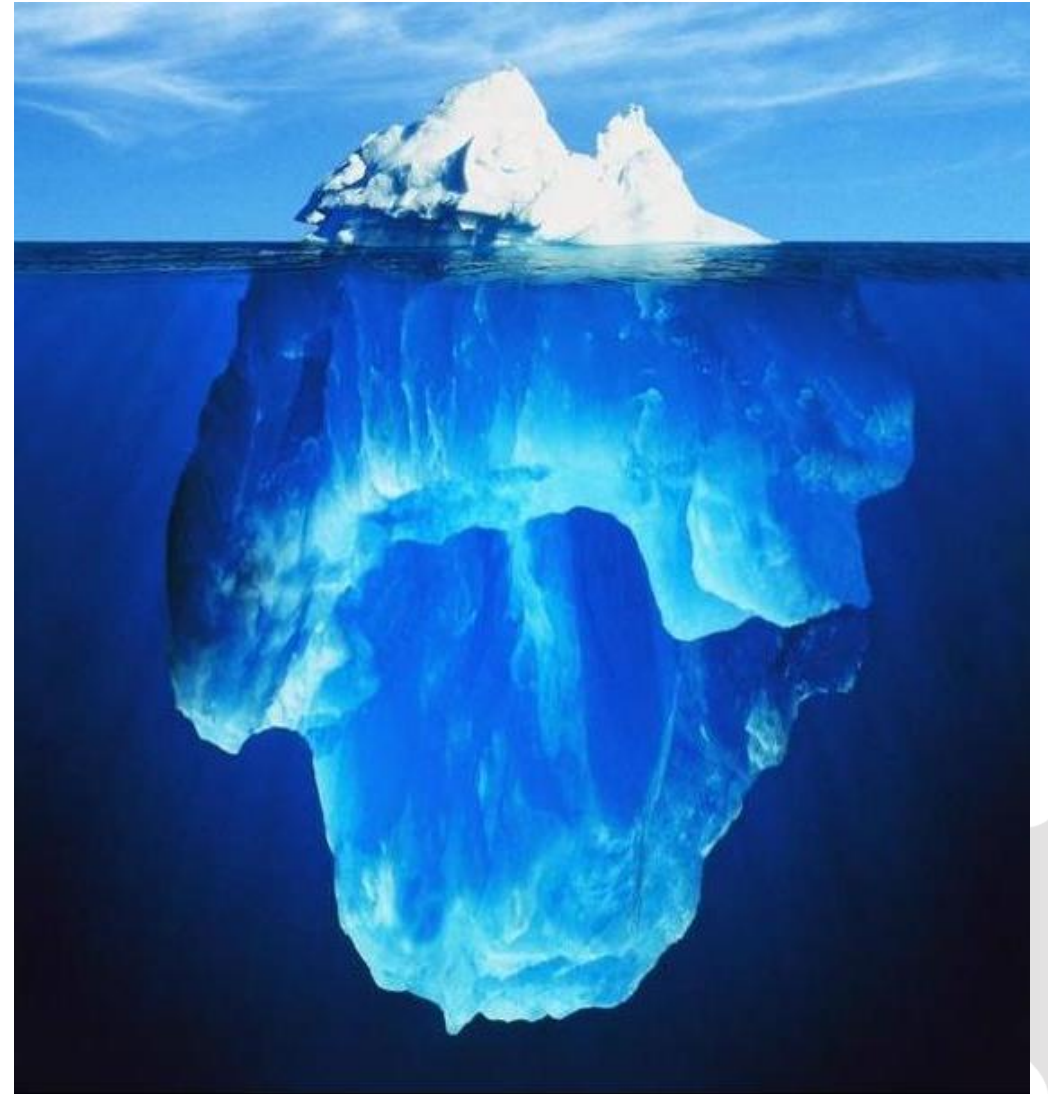
Why don't we hear more about it?

Because executive functioning is a theory and not a fully defined, documented, and verified idea, psychologists have differing opinions about what mental processes are involved.

Complicated, complex and clinical language used by clinical providers.

Executive Function Areas:

- 1. Focus | attention | concentration**
- 2. Manage time**
- 3. Prioritize tasks | switch focus**
- 4. Inhibit impulses**
- 5. Planning and organization**
- 6. Working memory | remember details**
- 7. Emotional regulation**



MYTHS AND MISUNDERSTANDINGS OF E.F.

- If you were more motivated....
- If you worked harder....
- If you had a better work ethic....
- If you were more disciplined....
- If you cared more....
- Child is willful and won't try....

LANGUAGE SHAMING

TRUTH: These students lack the language to ask for help with executive function. How can they ask for help with something that even adults and psychologists have a difficult time defining and understanding.

Special components of executive functions:

- RESISTANCE > Procrastination
 - If you don't know the steps to accomplish a task, how do you tackle it.
- Remaining in a constant state of FIGHT / FLIGHT / FREEZE decreases executive functioning skills.
 - The skill of stress management is something that is often not taught – which makes it difficult for young people to manage. Stress effects self-regulation which in turn decreases executive function processes.

Elements needed to support students with executive function deficits:

- Help to identify the right system to support planning for the student
- Identify a manageable system to track and organize papers
- Adjust mindsets that block the student from moving through resistance.
- Help student to development solid habits and routines
- Support the student by monitoring and tweaking systems, habits and routines being used.

MUST HAVES

- **Emotional buy-in from the child**
- **Support and monitoring from parent and teacher with regard to implemented systems, habits and routines**
- **Connection with student – listening and mirroring back what you hear them express**
- **Authentic feedback: 3 positives to 1 criticism**

CHECKLISTS FOR HABIT AND ROUTINE

