

Welcome to the 2018
Georgia Home Visiting Institute
The Magic of Home Visiting



Autism Spectrum Disorders

Allison O'Hara, EdS
 Center for Leadership in Disability
 Georgia State University



A little about me...

Center for Leadership in Disability

- Behavior Specialist: Training parents, educators, and interventionists

Ray of Hope Counseling Services, Inc.

- Individual, Group, and Family Counseling Services
- Educational and Behavioral Consultation

Marcus Autism Center

- Clinical, home-, and school-based ABA services

- Range of applied experience- Over 100 clients diagnosed on the Autism Spectrum

- Non-verbal, severe behavior
- No language delays, fully independent.
- Ages 3-47.



Objectives

1. Brief Needs Assessment
2. Introduction to Diagnostic Criteria
3. Referral Process and Service Options
4. Tips to effectively interact with, and support, people living with ASD

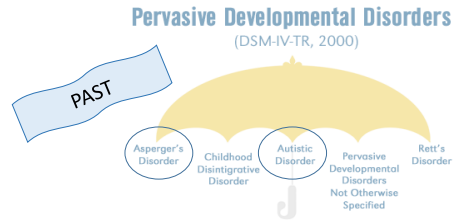


Brief Needs Assessment





Autism Spectrum Disorder: Past and Present Diagnostic Criteria



Let's take a look at the current diagnostic criteria for Autism Spectrum Disorder (ASD), according to the Diagnostic and Statistical Manual (DSM-V), released in 2013.



It's important to keep in mind...

*Once you've met one person with Autism,
you've met one person with Autism!*



Range of Presenting Problems

- Parent and teacher concerns typically related to behavior, non-compliance with daily routines/responsibilities, and/or academic performance
- Identified Person (IP) concerns related to feeling misunderstood, bullying, frustration with communication challenges, social struggles, anxiety, depression, loneliness



Range of Presenting Problems

Behavioral- non-compliance, cursing/inappropriate vocalizations, aggressive or destructive behavior, incontinence, stereotypical behaviors, elopement, self-injury, disorganization, poor hygiene

Cognitive/Intellectual- struggles with reading and/or writing; difficulty understanding abstract concepts, rigidity/inflexibility, delays in executive functioning, literal thinking, difficulty taking in multiple-sources of sensory input

Social- poor eye contact, speech delays, selective mutism, hyperverbalism, struggles or complete inability to communicate wants and needs; difficulty deciphering non-verbal cues from others, understanding humor; facial expressions may not accurately depict client's mood; lack of understanding of social rules without explicit teaching.

Emotional- social anxiety, performance anxiety, difficulties coping with changes in routine or environment, outbursts in response to anger, struggles in identifying and communicating feelings



Autism Spectrum Disorder: Referral Process and Service Initiation



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Diagnosis

- ASD can sometimes be detected at 18 months or younger. By age 2, a diagnosis by an experienced professional can be considered very reliable.
 - However, many children do not receive a final diagnosis until much older. This delay means that children with an ASD might not get the help they need.
- Diagnosing an ASD takes two steps:
 1. Developmental Screening
 2. Comprehensive Diagnostic Evaluation



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<https://www.cdc.gov/ncbddd/autism/screening.html>



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Step 1: Developmental Screening

- A short test to tell if children are learning basic skills when they should, or if they might have delays.
 - Doctor might ask the parent some questions or talk and play with the child during an exam to see how she learns, speaks, behaves, and moves
- It is important for doctors to screen all children for developmental delays, but especially to monitor those who are at a higher risk for developmental problems due to preterm birth, low birth weight, or having a brother or sister with an ASD.
- If the doctor sees any signs of a problem, a comprehensive diagnostic evaluation is needed.



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Common Screening Tools

•Ages and Stages Questionnaires (ASQ)

This is a general developmental screening tool. Parent-completed questionnaire; series of 19 age-specific questionnaires screening communication, gross motor, fine motor, problem-solving, and personal adaptive skills; results in a pass/fail score for domains.

•Modified Checklist for Autism in Toddlers (MCHAT)

Parent-completed questionnaire designed to identify children at risk for autism in the general population.

•Screening Tool for Autism in Toddlers and Young Children (STAIT)

This is an interactive screening tool designed for children when developmental concerns are suspected. It consists of 12 activities assessing play, communication, and imitation skills and takes 20 minutes to administer.



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Step 2: Comprehensive Diagnostic Evaluation

- This thorough review may include looking at the child's behavior and development and interviewing the parents. It may also include a hearing and vision screening, genetic testing, neurological testing, and other medical testing.
- Specialists who can do this type of evaluation include:
 - Developmental Pediatricians
 - Child Neurologists
 - Child Psychologists or Psychiatrists



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Common Diagnostic Assessments

•Autism Diagnostic Observation Schedule – Generic (ADOS-G)

A semi-structured, standardized assessment of social interaction, communication, play, and imaginative use of materials for individuals suspected of having ASD.

•Childhood Autism Rating Scale (CARS)

Brief assessment suitable for use with any child over 2 years of age. CARS includes items drawn from five prominent systems for diagnosing autism; each item covers a particular characteristic, ability, or behavior.

•Gilliam Autism Rating Scale – Second Edition (GARS-2)

Assists teachers, parents, and clinicians in identifying and diagnosing autism in individuals ages 3 through 22. It also helps estimate the severity of the child's disorder.

In addition to the tools above, the American Psychiatric Association's Diagnostic and Statistical Manual, Fifth Edition (DSM-5) provides standardized criteria to help diagnose ASD.



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School-Based Autism Eligibility vs. Diagnosis

Autism Spectrum Disorder: Interventions

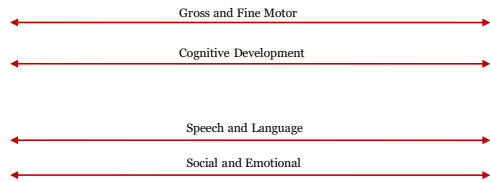


Across the Lifespan

- Early Intervention
- School-age
- Adolescence
- Transition to Adulthood
- Workforce/Vocational



Developmental Continua



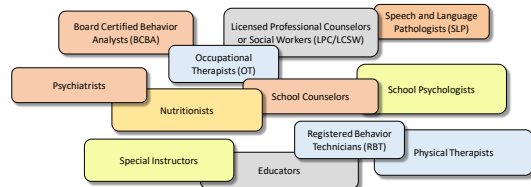
Communication and Safety are Key!

Foundational for:

- Successful inclusion within school, community, and family life
- Expression of wants and needs
- Overall well-being

It's often very important to start here, and to build up towards skill acquisition in other areas like academics, daily living skills, etc...

Types of Professionals



Empirically Supported Interventions

Applied Behavior Analysis

Core Principles...

- Systematic
- Data-Driven
- Environment impacts behavior & vice versa
- Behavior is predictable and can be modified

Empirically Supported Interventions

Applied Behavior Analysis

- Functional Behavior Assessment (FBA)
- Functional Communication Training (FCT)
- Antecedent-Based Interventions
- Differential Reinforcement of Alternative Behavior (DRA)
- Discrete Trial Training (DTT)
- Natural Environment Training (NET)

All use data-based decision making and empirically-supported procedures to systematically increase positive behavior + functional communication and decrease challenging behavior over time.



Empirically Supported Interventions

Positive Behavior Interventions and Supports (PBIS)

- Integrates the science of ABA while prioritizing human values, inclusion, and well-being
- Aversive or punitive strategies are not options for treatment
- Practicality and social acceptability of intervention is paramount!

Empirically Supported Interventions

Other Evidence-Based Practices...

- Social Skills Training
- Social Stories/Scripts
- Structured Play Groups
- Picture Exchange Communication System (PECS)
- Pivotal Response Training
- Video Modeling
- Cognitive Behavioral Therapy
- Parent-Implemented Intervention
- Peer Mediated Instruction and Intervention



Characteristics of ASD can be amazing strengths!

Autism Spectrum Disorder: General strategies you can use!

Adherence to routines and rituals

- Consistency and predictability can ease anxiety and improve functioning in a variety of contexts



Characteristics of ASD can be amazing strengths!

Fixated Interests

- Powerful motivators
- "Pairing" stimuli
- Person-centered planning



(Individualized) Positive Behavior Support

- ✓ **Understand** – Use what you know about the person struggling? When/where are they struggling?
- ✓ **Prevent** – How can we prevent the behavior? What are the antecedent and/or consequences?
- ✓ **Replace** – What skills does the person need to learn in order to live the life they want? How do we communicate basic wants and needs? Self-advocate? How do we reinforce what he/she is doing well?

Entire process requires a team-based approach!



Remember...

All behavior is communication!

Everyone can learn, we just need to find an effective way to teach that works

Thank you!

Allison O'Hara
aohara@gsu.edu
 404-413-9324

