Autism Spectrum Disorders

Characteristics, Myths and Interventions

Dr. L. LaRose BCBA-D, Ph.D., C. Psych.
Board Certified Behavior Analyst
Psychologist
 Goals for Today

- **For Everyone**: What are psychological deficits .... and what they aren’t

- **For Everyone**: how students with ASD can stay out of trouble

- **For Personal Counsellors**: discuss components of counselling

- **For Disability Counsellors**: discuss how to maximize learning

Dr. L. LaRose  BCBA-D, Ph.D., C.Psych.  May 15, 2014
Very little research really into interventions for people, let alone adults, with ASD

Extrapolating from what we know about children and adolescents along the spectrum

Caveat:
Temple Grandin
Diagnostics & Terminology

So we know what we are talking about......
From DSM-IV to DSM 5: reduced number of categories from 3 to 2

Social deficits are inextricably linked to language difficulties.

Catherine Lord, Ph.D.
Persistent Deficits in Social Communication and Interaction

- Social emotional reciprocity
- Deficits in nonverbal communication and behaviors
- Deficits in understanding, maintaining and understanding relationships, particularly peers

Diagnostic criteria
Restricted, repetitive patterns of behavior, interests and activities

- Highly fixated and restricted interests that is abnormal in intensity or focus
- Insistence on sameness
- Stereotyped or repetitive motor movements
- Hyper- or hyposensitivity to sensory input or unusual interests or sensory aspects of the environment

Diagnostic criteria
- Apparent indifference to pain / temperature,
- Adverse response to specific sounds or textures,
- Excessive smelling or touching of objects,
- Visual fascination with lights or movement.

Hyper- or hyposensitivity
• Sensory seeking behaviours / sensory integration

• Not evidence-based practice to support notion

• Developed in the 1970s for “minimally brain damaged” children

• What we used to call kids with ADHD

• No incidents or prevalence rates

Interventions for Unusual Sensory Behaviours

Dr. L. LaRose  BCBA-D, Ph.D., C.Psych.  May 15, 2014
• Temple Grandin talks about her hypersensitivity to sounds

• Squeeze machine; a hug

• Sue Bryson, PhD.: hyper-focusing, shifting of attention, input of many modalities

• May be something to this notion of sensory integration but it may not be about sensory diets
• PDD-NOS, HFA, Asperger’s Syndrome. Not in DSM 5.

• Sometimes used synonymously

• They aren’t

• PDD-NOS: diagnosis by elimination. No clear diagnostic rules. Poor excuse for a diagnostic term.

High Functioning Autism (HFA)
• HFA: some language development difficulties as toddler; catch up btwn 4 & 6 yrs of age;

• Look the same as AS by 6 yrs old.

• Some argue: AS = HFA

• HFA < AS: prognosis

• Little research

High Functioning Autism
• Some research to show that Visual-spatial skills < Language skills

• Tend to have good verbal rote memory skills

• IQ scores are an underestimate of learning skills

• IQ testing is also a social situation
Adaptive levels usually lower than IQ scores

Found as well in the early Intensive Behavior Intervention (IBI) studies – despite 40 hours/wk for 2 to 3 years

Motor planning problems

Intellectual Skills
Differential Diagnoses

- **Schizoid Personality Disorder**: no close relationships, even with parents

- **Schizotypal Personality Disorder**: bizarre thoughts or points of reference

- **Complicated ADHD (+ language disorder, + anxiety disorder)**

- **Language Disorder**

- **Obsessive Compulsive Disorder**

- **Social Phobia**
OCD: rituals

- Fueled by anxiety

AS: rituals

- Need for sameness; predictability
- Fixations

OCD vs ASD

Dr. L. LaRose  BCBA-D, Ph.D., C.Psych.  May 15, 2014
ASD vs Nonverbal Learning Disability

Nonverbal LD

- Byron Rourke, Windsor
  - Verbal > Visual/Spatial
  - Social difficulties
  - Finger agnosia
  - NLD > social problems < BPPD

ASD

- Narrow range of interest
- Interest tends to be a catalogue of information—not a give/take conversation
- May have repetitive behaviors when emotional
Decision Tree:

- Do not go first for the striped zebra
- Start with more common diagnoses:
  - ADHD
  - Social phobia
  - OCD
  - Learning Disability / Language Impairment
  - Personality Dx quite rare

Making informed referrals for Assessments...
Characteristics
Impairments in understanding and responding in a variety of social-emotional abilities

- attachment (40-50% with ASD VS. 65% for typical children)

- Social imitation. Imitation is fundamental deficit.

Social area
• Matching for faces: children with autism < typically developing children

• Matching for buildings: autism = typically developing

• Not a general recognition memory problem

• Impairment is specific to faces

• Independent of cognitive delay

Face Perception
Language & Communication Abilities

- irrelevant detail
- perseveration
- pedantic way of speaking
- mistiming in shifts to new topic
- ignoring of conversational initiations introduced by another person
Personal Counselling
For social skills, teach:

- Identification of emotion in self & others
- How to initiate conversations
- How to follow another’s lead in conversation
- How to recognize that I am boring the other person
- How to date and not get into trouble
- How to advocate for self

Implications for intervention

Dr. L. LaRose  BCBA-D, Ph.D., C.Psych.

May 15, 2014
• Difficulty to teach social interactions skills

• No two social interactions are the same

• ASD: functions best with rote, sameness, predictability

• Literal thinkers

• No significant amt of research yet

Implications for intervention
• Generally, modified CBT approach

• Need to explicitly teach skills such as social skills, problem-solving skills

• Treatment is more directive than usual – less Socratic dialogue, ‘So, what do you think lead to ….’

• Work on specific problems to find concrete solutions and coping methods

General Suggestions about Counselling Approach
Concrete issue: Eye contact

- Different if listener than if speaker

- Takes many forms: Fleeting, intense, looking around room, reflective, looking for confirmation

- Regulates interaction

- Exercise: spend 3 minutes talking to a partner. What do you notice?

**Concrete issue: Eye contact**
Don Gabor: Eye contact should be natural and not forced or overdone.

Retry exercise using suggestions

α

Eye Contact
Step 1: Motivation

- What is person’s motivation to seek counselling?
- Fundamental to helping the person to move forward
- What do they want out of life?
- What do they need to have to reach their goals?
- Writing Your Own Epitaph exercise

Dr. L. LaRose  BCBA-D, Ph.D., C.Psych.  May 15, 2014
Therapeutic alliance

- Crucial to creating motivation for change
- Crucial for building a therapeutic alliance
- Fundamental therapy step

Therapeutic alliance: the client senses that the therapist understands me and we are working towards the same goal
Step 2: Identifying Emotions

- Choose one emotion at a time as a theme for a project

- Useful starting point: happiness / pleasure

- What are sensations in the body that go with those emotions
Some research to show that if the person with ASD can identify and understand their own and others’ emotional states then they improve more in their social skills.

Step 2: Identifying Emotions
• Mindfulness Meditation

• Been found to reduce anxiety, alleviate depression

• Meditation support groups often given freely

• Many different groups in own communities

• Dr. Russell Harris, The Happiness Trap: http://www.thehappinesstrap.com/bookshop.asp#mp3Tab: Mindfulness Skills, Vol. 1

Step 3: Relaxation
Progressive Relaxation

Dr. Brian Doan, www.briandoan.ca for progressive relaxation and autogenic relaxation tapes

Relaxation

Dr. L. LaRose  BCBA-D, Ph.D., C.Psych.  May 15, 2014
• Lots of role playing

• In-session practising

• Give corrective feedback to student

• Can model for student the skill to be learned

• **Main goal**: how to learn social norms through observation

• This is the ‘Behavior’ part of CBT

**Have you noticed?**
Step 4: Skill Development

- Friendship skills
- Conversational skills
- Understanding thoughts and feelings
- Social problem solving and conflict management
- Self-awareness

Step 1: explain the skill; how even if done politely people can still get upset

May be helpful to have a rule of acceptable # of times can interrupt

List situations when interrupting has been a problem

Carry card with instructions to review at times

autocorrection

Politely Interrupting
• Jed Baker’s book gives a nice outline of many situations that people along the spectrum find challenging

• Don Gabor’s book is an excellent resource for conversational skills
  - Body language
  - Ice breakers
  - What to say next
  - Awkward conversation

Social Skills
• Joe’s Goals, free on-line habit tracker, [url]

• [www.joesgoals.com]

• Graphing is an excellent way to see concretely how we are doing

• Self-monitoring has been shown many times to be effective in changing behavior

Keeping Track of progress
Implications for intervention

Social stories?

- Very little research on effectiveness
- Usually have to follow up with behaviour intervention to reinforce use of new skill

Social stories ≈ cognitive-behaviour therapy technique

Teach social rules and conventions
Academic Counselling
1. Link needed training or services to meeting their own goal
2. Make training or services enjoyable
3. Use external rewards if intrinsic motivation is missing
4. Build up skills / highlight strengths before addressing challenges
5. Testimonials from other successful students w/ AS

…..Jed Baker

Motivating Students
Point out 2 or 3 assets for every challenge that is highlighted

Use results of psychological and vocational testing to identify assets and challenges

Summarize on a form such as...

Assets & Challenges
Regardless of diagnosis or no diagnosis, has never been any research to support notion of visual or auditory learners

We all need all of our senses to learn

Too much visual for persons along spectrum, leads to confusion in learning

Visual Learners?
• Temple Grandin talks about thinking in pictures

• Need to keep in mind that she is very bright

• Need to keep in mind the level of intelligence of the person – not all as bright at Temple

• α

Visual Learners?
Implications for intervention

Academically

- do not overcompensate with a lot of visuals

- Visuals must be simple, clean, not cluttered on page

- Compensate for fine motor / graphomotor problems

- Need predictability in schedule—but flexibility is adaptive

- Function best with organized professors

- May require accommodations for oral vs written submissions
• **Start w/ motivation:** what are their goals?

• **It is these goals that will guide your intervention w/ student**

• **If don’t know what their goals are then...**

• **Where do they want to be in 5 yrs? 10 yrs?**

---

**Implications for intervention**
Working w/ the Professors

- Difficulty: protection of privacy - can’t give profs information w/out consent
- Profs can come to you
- Best to let student know this from the start – profs can come to counsellors with concerns
- Surprises aren’t good
- Giving negative feedback can either be punishing or motivating
- Depends on the kind of rel’n with student
CBT model:

- Generate possible solutions
- Choose a solution
- Try it out
- Evaluate success

Problem-solving
Case Example
• Try #2 in college
• Did not do well in courses w/ writing component
• Is in a tech program now
• Recent psychology Ax: no LD; ASD

Student LL
- listening to lectures,
- following oral directions,
- note-taking,
- memory,
- organization & time management,
- study skills,

- written expression,
- organizing his ideas for written assignments
- oral presentations and group work

Student LL
Student LL

- Reluctant to ask for help
- Becomes anxious when questioned
- Difficulty generating solutions
- Comes to apts but is ill-prepared
- Reports that he hasn’t started assignments & doesn’t know where to begin
- Despite advocacy with profs, still doesn’t complete assignments
- Still manages to be successful.
Dennis Debbaudt, journalist & father

http://policeandautism.cjb.net/

Resources for parents, individuals w/ ASD, and law enforcement officials

Working w/ Campus Security
For security personnel, should be aware of:

• Behaviors that draw attention

• A misinterpretation of those behaviors and characteristics as evidence of drug abuse or psychosis, defiance or belligerence, or criminal behavior or activity

• Person may lack fear of real dangers

• Basic verbal and nonverbal communication difficulties
Advice for persons w/ ASD

- Carry the phone number of a personal advocate, relative or friend
- Do not attempt to flee
- Do not make sudden movements
- Try to remain calm – focus on breath
- Verbally let officer know you have autism.

Working w/ Campus Security
Nature is cruel but we don't have to be"

"I am different, not less "
— Temple Grandin

"You simply cannot tell other people they are stupid, even if they really are stupid."


References

• James Stanfield. Life Smart Series. www.stanfield.com; 1-800-421-6534.

FAQ: I feel uncomfortable making direct eye contact. What can I do?

Answer: If you have a problem maintaining comfortable eye contact, try these suggestions.

Start with short periods of eye contact—maybe only a few seconds. Look into the pupils of the other person’s eyes and smile. Then let your gaze travel over the features of this face, hair, nose, lips, and even earlobes!

There is a 3-inch radius around the eyes that can provide a visual pathway. After a few moments, go back to looking the person directly in the eyes.

As the conversation continues, you can look back and forth between both eyes while increasing the amount of time that you make direct eye contact.
Mapping Out Assets and Challenges:

A form to summarize results of vocational and psychological evaluations

Name:___________________________________  Date: _________________________

Next to each item, indicate if it is a strength or a challenge. For strengths, indicate how you might capitalize on that talent. For challenging areas, indicate how to compensate or improve in that area.

A. Academic
   1. Knowledge base and interests
      a. Assets: What can I do with this strength? __________________________________________

      b. Challenges: How will I compensate or improve?_____________________________________

   2. Verbal Skills
      A. Receptive – oral, not written
         1. Vocabulary
            Assets: What can I do with this strength?___________________________________________

            Challenges: How will I compensate or improve?____________________________________

         2. Fluidity
            Assets: What can I do with this strength?___________________________________________

            Challenge: How will I compensate or improve?____________________________________

      B. Receptive Language / Understanding
         Assets: What can I do with this strength?___________________________________________

         Challenges: How will I compensate or improve?____________________________________

      C. Verbal Abstract Reasoning
         Assets: What can I do with this strength?___________________________________________

         Challenges: How will I compensate or improve?____________________________________

   3. Calculation Skills
      Assets: What can I do with this strength?___________________________________________

      Challenges: How will I compensate or improve?____________________________________
WRITE YOUR OWN EPITAPH
“WHAT DO I WANT MY LIFE TO STAND FOR?”

An Experiential Life Enhancement Exercise

Here Lies

___________________

___________________

___________________

___________________

___________________

___________________

___________________