

Autism Spectrum Disorders

Characteristics, Myths and Interventions

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

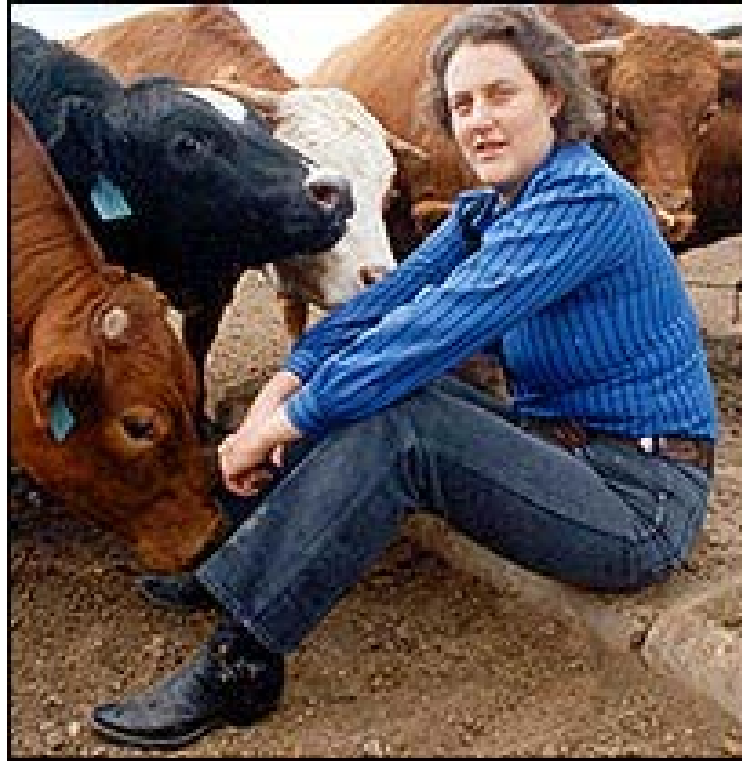
- ⌘ *For Everyone: What are psychological deficits and what they aren't*
- ⌘ *For Everyone: how students with ASD can stay out of trouble*

- *For Personal Counsellors: discuss components of counselling*
- *For Disability Counsellors: discuss how to maximize learning*

Goals for Today

- ⌘ 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

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

May 15, 2014

Diagnosics & 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.

DSM 5 (2013)

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

- 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

Sensory problems

- 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

Intellectual Skills

- ⌘ 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

⌘ **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**

Differential Diagnoses

OCD: rituals

- Fueled by anxiety

AS: rituals

- Need for sameness; predictability
- Fixations

OCD vs ASD

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

ASD vs Nonverbal Learning Disability

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

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

May 15, 2014

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

- irrelevant detail
- perseveration
- pedantic way of speaking
- mistiming in shifts to new topic
- ignoring of conversational initiations introduced by another person

Language & Communication Abilities

Personal Counselling

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

May 15, 2014

For social skills , teach:

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

Implications for intervention

- 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

- 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

⌘ [a](#)



Eye Contact

- 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
- [α](#)

Step 1: Motivation

⌘ 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

Therapeutic alliance

- 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



Step 2: Identifying 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

⌘ [a](#)

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

- 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?

⌘ Friendship skills

⌘ Conversational skills

⌘ Understanding
thoughts and feelings

- Social problem solving
and conflict
management

- Self-awareness

Jed Baker (2005) *Preparing
for Life:.....*

Step 4: Skill Development

- ⌘ 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, [a](#)
- 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

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

Implications for intervention

Academic Counselling

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

May 15, 2014

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... [No](#)

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 as Temple
- [α](#)

Visual Learners?

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

Implications for intervention

- 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

- 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

Working w/ the Professors

CBT model:

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

Problem-solving

Case Example

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

May 15, 2014

- 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

Working w/ Campus Security

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"

— Temple Grandin, *The Way I See It: A Personal Look at Autism and Asperger's*

"I am different, not less "

— Temple Grandin

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

— Temple Grandin, *The Way I See It: A Personal Look at Autism and Asperger's*

- Baker, J. (2005). *Preparing for Life: The Complete Guide for Transitioning to Adulthood and those with Autism and ASD*. Arlington, TX: Future Horizons.
- Eifert, G. H. & Forsyth, J.P. (2005). *Acceptance and Commitment Therapy for Anxiety Disorders*. Oakland, CA: New Harbinger Publications.
- Gabor, D. (2011). *How to Start a Conversation and Make Friends, Revised and Updated*. Toronto: Touchstone.

References

- Gabor, D. (1994). *Speaking Your Mind in 101 Difficult Situations*. Toronto: A Fireside Book.
- James Stanfield. *Life Smart Series*.
www.stanfield.com; 1-800-421-6534.
- Patrick, N.J. (2008). *Social Skills for Teenagers and Adults with ASD*. Philadelphia: Jessica Kingsley Publishers.

References

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
