IHS Autism Spectrum Disorder Series:
Special Topics in ASD

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Disclosure

• The presenters have no financial relationship to this program.
Objectives

At the end of this presentation, participants will be able to:

• Recognize two challenges (or special topics) related to ASD
• Name one support for one issue in ASD (sleep, feeding, or toileting, etc.)
• Illustrate school (Individualized Education Program) supports
• Discuss how one might address ASD with families
Review of ASD Core Deficits

• Deficits in social communication and social interaction
  • Social approach/interaction
  • Nonverbal communication
  • Relationships

• Presence of restricted, repetitive patterns of behavior, interests, or activities
  • Stereotyped or repetitive motor movements, objects, speech
  • Routines
  • Restricted interests
  • Sensory
Special Topics

• A variety of challenges may arise when working with children (and adults) with ASD

• Some of the most common are
  • Social Skills
  • Sleep
  • Feeding
  • Toileting
  • Communication
  • School

• Professionals may also wonder how to best address the topic of ASD diagnosis or intervention with families
Social Development

• Individuals with ASD struggle with:
  • Back and forth communication and interactions
  • Nonverbal communication
  • Initiating and maintaining as well as understanding relationships

• Social skill development is an essential component of most interventions for ASD
Social Skills Training in ASD

• Several evidence-based programs available
• Assessment of social skills is beneficial
• Social skills often need to be explicitly taught

• It is important to identify and “break down” the steps in any given social interaction
Strategies for Social Skills

Young Children
• Focus on beginning steps
  • Imitation
  • Joint attention
• Examples

Teens
• Focus on explicit teaching and practice
• Generalization
• Examples
Question #1

When teaching social skills to a child, what is important to remember?

A. Teach each specific step separately
B. Give very specific examples
C. Model it yourself
D. All of the above
Sleep

• Between 40-80% of children with ASD have sleep problems
• Not getting enough sleep contributes to academic, behavioral and mood problems
• It is important to rule out any medical causes of sleep disturbance first
Sleep

• The first step in intervention is to determine the cause of the problem
• Assessment of the sleep problem
• Determine number of hours of sleep needed for optimal functioning
  • Naps?
• Medication?
• Referral for specialty care may be necessary
Sleep Hygiene

• Bedtime Routine
  • Regular bedtime
  • Visual schedule
  • Create rules for sleep

• Diet and Exercise

• Minimizing distractions

• Calm/soothing environment

• Reward

Autism Speaks Toolkits for Sleep in Children and Teenagers
Eating and Feeding

• “Picky eating”
• Behaviors such as gagging and vomiting or tantrums
• May create poor nutrition or GI problems
• Assessment of mealtime problems is necessary
  • May require specialized attention
Strategies for Feeding

**Things to Do**
- Routine and Schedule!
- Create a healthy eating environment
- Reward positive behaviors
  - Trying new food or even tolerating it on the plate
- Offer choices

**Things to Avoid**
- Grazing
- Too many distractions
- Paying too much attention to negative behaviors
- Negotiating
Question #2

What is often the first step for dealing with sleep and feeding problems?

A. Talk to the child about the problem
B. Create a routine around the problem behavior
C. Eliminate rewards
D. Nothing, it will go away on its own
Toileting

• Assessing toilet readiness
  • Checklist

• Prepare the family for toilet training
  • Prepare the child
  • Create a visual task list
  • Gather data
  • Set up the bathroom
  • Think about reinforcement
Toilet Training Programs

• There are a number of great programs
• Most successful ones suggest a combination of the same components

• **Components that work:**
  • Schedule bathroom trips
  • Set a consistent toileting routine
  • Use physical or gestural prompting
  • Have lots of shorter practices
  • Use reinforcement
  • Ensure hydration
  • Make a switch to underwear
  • Schedule dry checks
  • Keep a record
Helpful Questions

• Is there a good way to handle accidents?
• Should boys learn to use the toilet sitting or standing?
• Why is it hard for him/her to learn to wipe?
• How long will the process take?
• When should nighttime training start?
Visual Supports

• Strategy for communicating using pictures and drawing instead of using words

• Children with ASD are visual learners

• Children with ASD may process language slowly, but visual cues and supports stay as long as the child needs it

• Visual supports do not prevent children with ASD to use language later
Types of Visual Supports

• Choice Boards
• Transition objects
• ‘No’ sign
• Visual countdown timers
• Visual positive reinforcement
Types of Visual Supports

- Visual labels
- Visual boundaries
- Work systems
- Finished or all done documents
- Pictures
Tips for Success

• Simple and low tech is usually best
• Teaching will be needed
• Consistency
• Pair with language but keep it simple and short
Question #3

Some parents of a child you are working with is afraid to use visual supports for fear that it will reduce the child’s motivation to talk. What can you advise?

A. Most children with ASD are visual learners
B. Visual supports can facilitate understanding
C. Using visual supports has been shown to assist with functional communication
D. All of the above
School Supports

- Effective tools for making school supports effective for children with ASD include:
  - Knowledge about the characteristics of individuals with ASD
  - Knowledge about the necessary supports
  - Knowledge about evidence based practices and treatments
  - Knowledge about staff and family training
IEP and Eleven Considerations (New Mexico)

• Considerations are designed to help IEP teams consider some essential issues when developing an IEP:
  • Extended educational programming
  • Daily schedules
  • In-home and community based training
  • Positive behavior support strategies

• Transition planning
• Parent/Family training support
• Staff-to-student ratio
• Communication interventions
• Social skills supports
• Professional educators/staff support
• Teaching strategies based on peer-reviewed and/or research based practices
Supporting Transitions/Dealing with Change

• What happens after high school?
• Difficult behaviors that might impact transitioning into higher education
• Strengths that will serve and support individuals with ASD
• Necessary elements for making the transition possible and supportive
Areas of Support for Transition

• Some areas to consider include:
  
  • Talks too much in class
  • Behaviors annoying to others
  • Does not collaborate well with a group
  • Problems with hygiene
  • Overwhelmed by number of social relationships
What skills are necessary for independence?

• Activities of daily living
• Academic
• Social interaction
How to Talk about ASD with Families?

- Typical concerns from parents
- How to start the conversation as a provider?
- What are the next steps?
  - Referral and evaluation
- Providing support to the family as a provider
Tips for Success

• What to say?
• Do’s and Don’ts when talking about concerns
• Saying the word ‘Autism’
• Be specific about the concerns
Question #4

What is one good way to bring up concerns about ASD to a parent?

A. Never say the word autism
B. Provide specific examples of concerning behavior
C. Recite the DSM-5 criteria
D. Tell the parent to go see a psychologist right away
Resources

• Autism Speaks Toolkits: https://www.autismspeaks.org/family-services/tool-kits

• Act Early: http://www.cdc.gov/ncbddd/actearly/index.html

• Center for Development and Disability (CDD) Autism Portal resource handouts: http://www.cdd.unm.edu/autism/portal/families.html

• Toilet training for Individuals with Autism and Other Developmental Issues by Maria Wheeler, MED

• Treating eating problems of children with autism spectrum disorders and developmental disabilities by Keith E. Williams and Richard M. Foxx
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