

Autism 101: Working with the Very Young Child

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Our gratitude and deep appreciation go to the families. They have graciously allowed us into their homes and their lives, and entrusted us with sharing their stories.

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- Parent testimonials

- Diagnosis (DSM IV, ICD-10) – emergence of symptoms under age 3
 - Deficits in social interaction
 - Deficits in social communication
 - Repetitive restricted behaviors, stereotypic use of objects
 - Autistic disorder vs PDD-NOS vs Asperger's = Autism Spectrum Disorders

- Associated issues/comorbidities
 - Epilepsy/seizures
 - Cognitive delay/MR
 - Anxiety disorders
 - The "Ds"
 - SPD, APD, ADD/H, OCD, ODD, LD

Video: Lily, 2-8

- Currently, dx based on ~
 - Careful observation
 - Parent interview
 - Neurological exam
 - r/o hearing disorder
 - Multiple assessment tools
 - CARS (Childhood Autism Rating Scale)
 - ADI-R (Autism Diagnostic Interview – Revised)
 - ADOS-G (Autism Diagnostic Observation Schedule – Generic)

- The future

- Genetic markers emerging
- fMRIs, neuroanatomical differences, neurobiological differences

- Presence, e.g. ~

- Repetitive play
- Echolalia
- Scripting (reciting lines from videos)
- Screaming
- Rigid, inflexible style
- "tikatikatika", rhythmic humming

Video:

- Absence, e.g. ~

- Gaze exchange
- Following gaze
- Sustained joint attention
- Response to name

Video: Michael, 8 and 11 months

- Absence of...

- Verbal language
- Pointing, to request and to indicate
- Nonverbal compensation

Video: Kathelyn

- Learning style ~ different from ours!

- The benefit of working with older children =
 - Jacob, age 6: "Miss Sally, I have to lie on the floor so I can see the wheels"
 - Bailey, age 14: "Looking into your eyes is terrifying, like black holes, and I don't know what will happen. It's just too scary"
 - Alyssa, age 13: "My dream vacation? Like I can do anything? *Easy!!* Stay in my room, play computer, and no one talks to me all day"

- Therapy that makes sense

- Logical (shape sorters)
- Linear (trains)
- Analytical (push-button toys)
- Progressive (first-next-last)
- Clear (obvious agenda/schedule)
- Concrete ("in the bag")
- Linguistically simple and unambiguous ("sit", "open")

Video: Zachary, 2-4

- **Visual orientation = KEY!**
 - Best way to present new information

- Best way to organize
 - Visual schedules
 - Objects, photographs, BoardMaker
 - Pictures to improve anticipation
 - Visual timers
 - Field of two vs. notebook
- Capitalize on strong visual memory to facilitate functional communication
 - Numbers, letters, shapes, symbols, punctuation

- **National Research Council (2001)**
 - Emphasis on functional communication in a meaningful, useful context
 - Best practice = tx that “resemble[s] typical patterns of parent-child interactions” (in Chawarska et al.)

Importance of Visual Support

- Independence
- Choice-making
- Consistency
- Decreased frustration
- Prompting for social interaction and planning of activities
- Emotional support
- Socialization support

Visual Support Formats

- Binder (large and small)
- Boards
- Visual schedule strip
- Timers (visual vs. auditory)
- Selections from field of two/three vs. notebook
- Boardmaker® Symbolate option

Zachary, 4-10

Environment

- Structured vs. unstructured
- One-on-one vs. small group
- Consistency between environments (e.g., visual schedules, routines)
- Organization of learning environment
- Minimize distractions
- Consider surroundings

Summer, 2-6

Lighting options

- 3-way bulbs
- Lamps
- LED bulbs
- Varied wattage
 - May affect children in different ways
 - May become over-stimulated, hyperactive and aggressive

Physical layout

- Size
- Visual bombardment vs. simplicity
- Auditory bombardment vs. quiet
- Location of child in room
- Seating options
- Parent vs. no parent in room
- Table vs. no table
- Accessibility of toys

Selecting Activities

- Consider age, severity, functional communication and required adaptations
- Solitary vs. social play
- Attention and awareness
- Embed sensory activities (more later!)
- *When running activities consider your SPEED*

- Remember:
 - Logical
 - Analytical
 - Linear
 - Sequential
 - Clear objective

Summer, 3-1

Examples of Elicitation

- Placing preferred items/materials visible, but out of reach (e.g., clear bin of toy animals on high shelf, ingredients for snack activity out of reach)
- "Forgetting" to provide a necessary item for an activity
- Including novel materials into a familiar activity
- Verbal prompts

- Avoid overinterpreting the child's intent!
- Silence

Behavior Management

- ◎ Questions and Considerations:
 - What behaviors?
 - When do they occur?
 - Why?
 - Parent response?
 - Safety concerns ?

Common Interfering Behaviors

- Aggressive behavior
- Tantrums and meltdowns
- Trouble remaining seated
- Difficulty maintaining attention
- Frustration during communication breakdowns

How do we get them to sit? Pay attention?
Participate? Talk to us?

- Environmental adaptations
- Changing the way that we talk
- Positive reinforcement
- Redirection
- Sensory breaks
- Individualized functional communication systems

Arrange the Room

- Barriers
- Decrease noise level
- Decrease visual stimulation
- Seating

Change the way we talk

- Clear, concise rules
- Avoid asking questions: "Do you want to read the book?"
- Use short statements: "Time for puzzle."
- Make requests in a positive way: ("Pick the toy up" vs. "stop throwing!")
- Avoid reasoning and discussing

Repetition and Modeling

- Model appropriate behaviors: (chewing Twizzler in place of biting)
- Repeat daily routines
- Consistent responses

Identify Sensory Needs

- Sensory breaks for self regulation
- Timing
- Relaxing vs. Stimulating Activities

Use Visual Aids

- Picture schedules
- Notebooks
- Picture choices
- Expression of feelings
 - Emotional key ring
- Contracts : (working for ____, First ____, then ____.)
- Visual Timers
- Social Stories

Redirect and Reinforce

- Special interest rewards
- Keep activities moving
"sandwich" easy/challenging
- Use preferred activity during challenging moments
- Failsafe activity

Sensory Integration

- *Consult with Occupational Therapist to identify specific needs before integrating sensory strategies into therapy plan.*

Sensory Integration

- Questions and Considerations
- Sensitive to touch/taste/sounds?
- Trouble staying seated and attending?
- Clumsy or off balance?
- Picky eater?
- Unexplained tantrums?
- Bored or extremely understimulated?

Where to start?.....
Oversensitive vs. Undersensitive

<p>Oversensitive</p> <ul style="list-style-type: none"> • Fight or Flight behavior • Rigid, tense demeanor • Avoids running, climbing, swinging • Poor eye contact • Avoids being touched • Overreaction to light and sounds • Hyperactive gag 	<p>Undersensitive</p> <ul style="list-style-type: none"> • Craves movement • Chews /licks inedible objects • Bumps into things • Seems to ignore voices • Difficulty following directions • Doesn't seem dizzy when spinning or swinging • Unaware of pain and temperature
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Behaviors related to sensory integration

- Impulsivity
- Social problems
- Resistance to novel situations
- High frustration
- Motor planning
- Difficulty articulating
- Feeding problems
- Difficulty making transitions
- Distractibility

James –clip in group

Selection of Activities.....

Alerting	Calming	Organizing
•Crunchy Snacks	•Sucking (Pacifier, Hard Candy)	•Chewy foods
•Bouncing on Ball	•Pushing/Pulling	•Heavy Loads
•Jumping on Trampoline	•Rocking/ Swinging •Back Rub	•Upside down position
•Vibration	•Vibration	•Joint Compression

Common Sensory Activities

- Obstacle Course
- Water Play
- Finger Paints
- Staws/Horns
- Touch and Feel Box

Common Sensory Activities-con't

- Pillow Crashing
- Swaddling
- Joint Compression
- Therapy Balls
- Swings

Video Clip-obstacle course

Feeding and Autism

Issues We Face and Tips for Therapy

[picture of camp with
kids during snack
time]

Issues That Need to be Addressed:

1. Medical
2. Behavioral
3. Environmental/Sensory

Medical

1. Does the child have functional limitations or structural deviations?
2. Does the child have allergies?
3. Is the child on medication which can affect hunger, feeding, or swallowing?

Behavioral

- Address whether or not the child has an eating disorder
 - Some examples: PICA, failure to thrive, obesity, anorexia, rumination, and/or chronic diarrhea.

Environmental / Sensory

- Food selectivity (rigidity)
 - Brand
 - Texture
 - Taste
 - Temperature
 - Color
 - Smell
- Social: Eating at table and/or with people

Treatment Strategies: What can the SLP do?

- 1. Refer for medical and behavioral aspect
- 2. Therapy for the environmental/sensory aspect.

Control

- The child often needs to feel some control in order to accept new foods/situations
- What can we do???
- SET UP FOR SUCCESS!

- Individually introduce with small bowls/amounts
- Preferred, new, preferred
- More opportunities in positive experiences
- One food at a time!
- Model with other children
- [insert pic @ camp]

Case Vignettes

- Zach
- Lily
- James
- Michael

Zach

- Diagnosis: autistic disorder
- Chronological age: 5,2
- Current issue: filtering distractions
- Short-term goals include:
 - Answer basic age-appropriate wh-questions using picture cues
 - Access basic notebook to regulate adults
 - Engage spontaneously in greetings/leave-takings
 - Answer "What is happening?" with pronoun+aux+verb+ing when cued with pictures

- Video

Lily

- C.A.: 3 years, 10 months
- Age of diagnosis: 20 months
- Dx: autistic disorder
- Major issues:
 - Sensory-seeking
 - Feeding
 - Consumes four particular food items: Gerber ravioli, diced carrots, applesauce, crackers

- Pic

James

- Diagnosis: ASD
- Chronological age = 4,6
- Current issue: Appropriate social interactions
- Some of his short-term goals include:
 - Respond to questions in group setting by raising hand
 - Answer basic age-appropriate wh-questions with visual cues
 - Complete activity with peer by answering/asking questions and using gaze exchange

- Video (1 min, 9 secs)

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- photo

Thank you!